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ABSTRACT

This toolkit is a resource to help adult education instructors and administrators better understand the problem of health literacy as it affects their learners. It is designed to support creative approaches to helping learners increase their health literacy as they engage in sound, productive adult literacy instruction. Information resources are provided to educate the educator about health care in the United States and cultural issues relating to health, and to simplify creation of health lessons and curricula for teachers and programs. Five sections examine the following: (1) "What Is Health Literacy?" (definitions of health literacy from various stakeholders); (2) "Why Is Health Literacy So Important?" (statistics and background information on health care among different population groups); (3) "What Resources Are Available?" (affordable health services, potential program collaborators and funders, and Web and print health teaching resources for use with adults); (4) "Teaching Health Topics"; (the actual teaching of health, with recommendations for teaching approaches, content ideas, curriculum design, instructional supports, and learner projects); and (5) "Addressing Teachers' Concerns about Teaching Health" (suggestions for ways to keep instruction of health topics engaging, informative, and productive while minimizing teacher and learner discomfort). (Adjunct ERIC Clearinghouse for ESL Literacy Education.) (SM)

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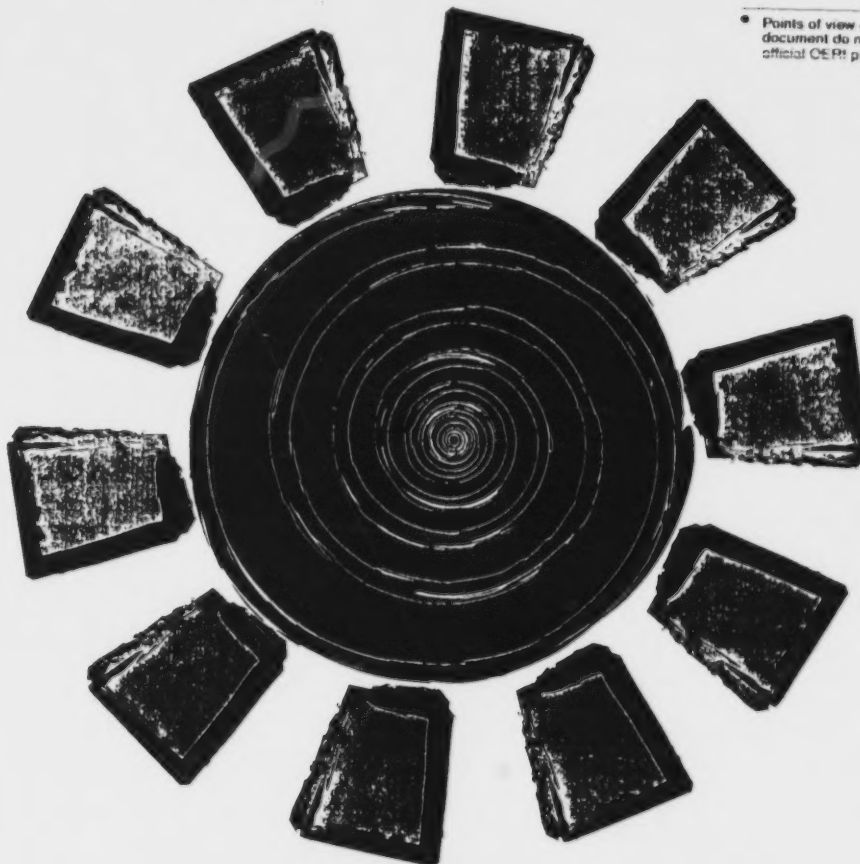
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Virginia Adult Education Health Literacy Toolkit

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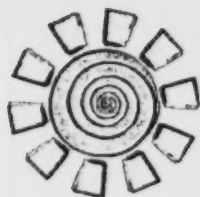
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Virginia Adult Education Health Literacy Toolkit

Compiled by Kate Singleton
July 2003

This document was designed and created by the
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Jessica Van Fossen, Social Services Coordinator, Hispanic Committee of
Northern Virginia

For generously sharing information and resources.

About the Toolkit

The Virginia Adult Education Health Literacy Toolkit grew from many teachers' observations of adult literacy learners whose education paused or ended because a small health problem became bigger and brought on a host of other difficulties. Many adult learners, particularly those with the lowest literacy skills, are unaware of accessible health care options for the un- and underinsured and have a limited understanding of prevention of those conditions for which they are at increased risk. Those who are able to access care often do not know how to advocate for themselves in the complex, changing U.S. health care system. The spoken and written language of the U.S. health care culture seems to them beyond their reach.

This Toolkit is a resource to help adult education instructors and administrators better understand the problem of health literacy as it affects their learners. It is designed to support creative approaches to help learners increase health literacy as they engage in sound, productive adult literacy instruction. Information and resources are provided to educate the educator about health care in the United States and cultural issues relating to health, and to simplify creation of health lessons and curricula for teachers and programs.

The Toolkit is broken into the following sections:

- Section A: What Is Health Literacy?
- Section B: Why Is Health Literacy So Important?
- Section C: What Resources Are Available?
- Section D: Teaching Health Topics
- Section E: Addressing Teachers' Concerns about Teaching Health

Section A looks at definitions of health literacy from various stakeholders and proposes a more explicit definition that is helpful for the needs of adult educators and literacy learners specifically. Two glossaries are also provided as resources to educators who face the task of helping their learners understand the U.S. health care system. These are a glossary of Virginia-specific health care terminology and a glossary of terms used in health insurance and managed care.

Section B presents statistics and background information on health and health care among different population groups that are present in Virginia adult literacy programs. The benefits of teaching health to adult literacy learners are presented, as is a skill-by-skill breakdown of how health topics can enhance

basic literacy, GED preparation, and English for Speakers of Other Languages instruction.

Section C provides extensive resources on affordable health services, potential program collaborators and funders, and extensive Web and print health teaching resources for use with adults. Where available, information is given on culturally and linguistically sensitive providers. Websites and printed material are described as to level of difficulty and suggested uses.

Section D examines the actual teaching of health. Recommendations are provided regarding teaching approaches, content ideas, curriculum design, instructional supports, and learner projects. Links are provided for existing Virginia adult health literacy curricula.

Section E is a response to the many valid concerns that teachers voice about teaching sensitive health topics. Suggestions are provided for ways to keep instruction of important health topics engaging, informative, and productive, while keeping teacher and learner discomfort to a minimum.

The Appendices also provide valuable information, including:

- Contact information for free and low-cost clinics around Virginia.
- Contact information for free and low-cost legal services around the state. (Unfortunately, with the complexity of health care, legal assistance is needed with some frequency by people of low income to resolve health care-related disputes.)
- Reproducible picture stories on important health literacy topics and accompanying lesson plans.
- Contact information for publishers of adult literacy books on health topics.
- K-12 standards for health education.
- Sample GED as Project lesson plans about health issues.

Health has been touched upon in adult literacy programs for many years, but materials and approaches have not kept up with learner needs in the ever-changing health care system. This Toolkit is provided to Virginia adult educators with the hope that it will make the job of addressing health literacy needs easier and more inviting to take on in adult literacy instruction. As learners continue to face health and health care challenges that stand in the way of their education and their life goals, we can help them be better able to meet and overcome the challenges.

About the Author

Kate Singleton has been working in the adult education field for 16 years. She has been an adult ESOL instructor with the Arlington Education and Employment Program (REEP) and Fairfax County Adult and Community Education (ACE) in Virginia. She has been researching and developing materials on health literacy for adult literacy learners for several years after noticing the kinds of difficulties her beginning literacy learners were experiencing with health and health care. Currently Kate is writing curriculum for ACE, writing and presenting teacher trainings, and pursuing a masters degree in clinical social work at Virginia Commonwealth University. She also counsels women living with HIV/AIDS at the Whitman-Walker Clinic of Northern Virginia. Kate plans to continue to counsel adults on health-related challenges and to examine the potential for increased collaboration between the adult education, health care and social work fields.

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Section A: What Is Health Literacy?

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1. Definitions of Health Literacy

Health literacy is a concept of growing importance in the health care and education fields. However, its definition often varies with the interests of those defining it. Here are some examples of commonly accepted definitions for health literacy:

From the medical field:

Health literacy is a constellation of skills, including the ability to perform basic reading and numerical tasks required to function in the health care environment. Patients with adequate health literacy can read, understand, and act on health care information. (American Medical Association (AMA) in Bresolin, 1999, p. 553)

[Health literacy is] the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (National Library of Medicine (NLM), 2000, p. vi)

The NLM definition is cited by the **federal government** in the Healthy People 2010 initiative, a set of national health objectives for the first decade of the 21st century (see <http://www.healthypeople.gov/>).

From the education field:

Professor Rima Rudd of the Harvard School of Public Health chooses to adapt to health-related situations the definition of functional literacy put forth in the National Literacy Act of 1991. She explains functional health literacy as the ability to use English to solve health-related problems, at a proficiency level that enables one to function, achieve one's health goals, and develop health knowledge and potential (Rudd, 2000).

Which definition works best for our learners?

The AMA definition appears to imply that health literacy is a problem of reading and writing. While low adult reading skills are a huge problem, and the one that initially brought attention to the health literacy issue, much more has been learned about additional ways in which adults are hindered in health care situations. Verbal communication with health care providers can be just as difficult for some adults as reading health information. For others, simply

knowing how to access affordable care is the primary obstacle to better health. As practitioners, we need to be sure that the definition we use encompasses the variety of barriers our learners may face.

The NLM definition is helpful in that it includes, as a part of health literacy, understanding how to obtain health care services, something that is very challenging for many low-income adults. However, the NLM definition is less helpful in its ambiguous statement that the health-literate patient make "appropriate health decisions." It is unclear who defines appropriate: Is it the medical system, an insurer, federal or state government, or the individual?

Rudd's explanation is broad enough to encompass the diverse challenges faced by adult learners who seek to access care in the U.S. health care system. According to this explanation, the use of English is not limited to understanding the printed word, as other definitions seem to imply. In promoting problem-solving and goal-orientation, Rudd's explanation is learner-centered and empowering.

All of the preceding definitions, however, have common limitations. All take the perspective that the onus is entirely on the patient for making health care interactions successful. Also, they are centered on mainstream U.S. health care beliefs and practices, without considering traditional or alternative approaches to health and health care.

Within the focus on the U.S. health care system, no reference is made in these definitions to the cultural literacy needed to be a wise health care consumer in the United States. Not knowing the expected roles of the patient and health care practitioner--or how to access and navigate the extremely complicated system of care in the United States--can seriously impede one's quest for health. This kind of knowledge is as basic in importance as the understanding of oral or written medical information. The U.S. health care system is confusing to socio-economically and educationally advantaged American adults. For adult learners with fewer advantages, the system can be incomprehensible.

None of the previous definitions clearly spell out the special significance of language and culture in health care for limited English-proficient (LEP) persons. The vocabulary of health care is particularly complicated, even for native speakers. With that in mind, how much is reasonable to expect LEP learners to take on? The cultural concerns highlighted in the previous paragraph are intensified for these learners, who, as immigrants, already hold a set of expectations, traditions, and beliefs. This frame of reference from the

native culture may directly conflict with health care expectations in the United States.

References

Bresolin, L. (1999). Health literacy. *JAMA: The Journal of the American Medical Association*, 281(6), 552-557.

National Library of Medicine. (2000). *Current Bibliographies in medicine: Health literacy*. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.

Rudd, R. E. (2000). *Health literacy overview* [Online slide show]. Harvard School of Public Health: Health Literacy website. Available:
<http://www.hsph.harvard.edu/healthliteracy/slides/sld001.htm>

U.S. Department of Health and Human Services. Healthy People 2010 website. Available:
<http://www.healthypeople.gov/>.

2. A Definition of Health Literacy for Adult Education

A working definition of health literacy for adult education must incorporate the strengths of the health care field definitions and add important features that these definitions overlook. The following box presents such a definition:

Health literacy is the knowledge and skills needed to

- Be aware of one's own health beliefs and practices.
- Make personal choices about health and health care options. (This could mean, for example, opting for cultural or traditional forms of care over seeing a U.S. health care system provider, or opting to combine cultural or traditional and mainstream U.S. approaches.)

And within the mainstream U.S. health care system, to:

- Read, understand, critically assess and act upon medical instructions, forms, and labeling.
- Learn about medical conditions and treatment options through printed materials (including video and the Internet) and oral description by a health care provider, especially for those conditions for which the learner is most at risk.
- Read, understand, and act upon payment-for-care instructions and forms.
- Orally communicate questions and concerns to health care providers; understand their responses or request clarification.
- Access local affordable preventive, primary and emergency care.
- Seek a reasonable means for one's financial resources of paying for care (request insurance, public benefits, payment plans, reduced fees, etc.).
- Appeal decisions relating to payment-for-care orally (by telephone) and in writing.
- Understand what the mainstream U.S. health care culture expects of patients (such as preventive care behaviors, personal responsibility for health care and payment for care, being proactive in seeking care and making care-related decisions, questioning the health care provider, keeping track of medical history, understanding complicated financial options and procedures, etc.).
- Understand what the patient can expect from health care providers in the mainstream U.S. health care system, such as the patient's right to an interpreter, the right to have questions answered and information clarified, and the right to a second opinion.
- Request interpretation assistance for health care settings if English is not the learner's native language.

(Note: 'Medical' and 'health care' in the above definition refer to physical and emotional health.)

3. Chart: Health Literacy from Various Stakeholders' Perspectives

U.S. System Provider's Perspective	▪ Understanding of health and treatment: Health is seen from a predominantly biomedical perspective. Treatment utilizes scientifically-validated methods. ▪ Treatment compliance: Important that patient understands and follows doctor's oral and written instructions. ▪ Providing information: Important that patient provides clear and complete information on medical forms. ▪ Medication safety: Important that patient understands written instructions for taking over-the-counter and prescription drugs. Important that patient can clarify instructions with a health provider or other so harmful mistakes aren't made with medication.
Pharmaceutical Company's Perspective	▪ Medication safety: Important that patient understands written instructions for taking over-the-counter and prescription drugs. Otherwise, important that patient can clarify instructions orally with a health care provider or other so harmful mistakes aren't made with medication. Pharmaceutical company funding and research support increasing health care provider awareness, patient education and simplification of health education printed materials.
Health Education Material Writer's Perspective	▪ Patient education: Important that patients understand written information on their own health conditions and treatments or for conditions for which they are at increased risk. Health education writers are working to simplify written materials (write them for a lower reading level) and create video, software- and web-based materials.
ABE/ESOL Learner's Health Needs	▪ Access to care: Learners need to know how to locate and access affordable health care for themselves and their children. ▪ Awareness of personal health and health care preferences. Learners need to recognize their own health beliefs and practices. ▪ Awareness of U.S. health care system: Learners need to understand the culture of healthcare in the U.S.; realize how standard medical practices and expectations here differ from those in their home countries; and know their rights and responsibilities in the health care system. ▪ Treatment compliance: Learners using the U.S. system need to be able to understand and clarify treatment instructions and procedures, and understand the importance of complying with them. ▪ Medication safety: Learners need to be able to differentiate between medications, understand and clarify medication instructions, and understand the importance of following these instructions. ▪ Self-advocacy role: Learners need the written and oral communication skills to advocate for themselves and their families in order to obtain appropriate, affordable health care and make good health and health care choices. ▪ Self-education: Learners need to be able to read health education materials or access health education from other sources (including the Internet) to find out about their health care needs and to better advocate for themselves and their families in health care settings.

Sources

American Medical Association Foundation. (n.d.) *Low health literacy: you can't tell by looking* [Online health literacy program video]. Available: <http://www.kumc.edu/service/acadsupt/edtech/gjames/amaliteracy/amafoundationstreams.htm>

Pfizer Pharmaceutical Company. Pfizer Health Literacy Initiative website. Available: <http://www.pfizerhealthliteracy.com/index.html>

4. Virginia Glossary of Health Care Terms

The following is a list of terms used in Virginia to speak about health care services for people who are low-income and lack sufficient health insurance or who have problems with the coverage they have. The list is provided as a reference tool for instructors. If you wish to present the terms to learners, please simplify explanations according to your learners' level of understanding.

Access to care: Ability to obtain health care. Access to care involves, among other considerations: locating information about local available services; being able to afford care either through health insurance, sliding scale fees, or other payment arrangements; having transportation to care; and being able to communicate with care providers (particularly for limited English speakers).

FAMIS: Family Access to Medical Insurance Security plan. This is the Virginia version of the States' Children's Health Insurance Program (SCHIP). It is for children with U.S. citizenship (only the children's citizenship is considered) whose working parents cannot get health insurance coverage for the children through work or Medicaid (because they earn too much for Medicaid). Parents must earn between 134% and 200% of the Federal Poverty Level for children to qualify for FAMIS.

Safety Net: Unofficial system of free clinics, community health centers, migrant health programs, public health insurance, and charity programs that help provide care to the uninsured and underinsured. (For detailed information on free clinics, community health centers, and migrant health care in Virginia, see Appendix A.)

Medicaid: Run through federal and state partnership, Medicaid is public health insurance for low-income people who receive other financial assistance (e.g., Temporary Assistance for Needy Families, or TANF) and cannot afford medical care, and for people who are medically needy (e.g., people with a recognized disability). Enrollment is handled through local jurisdictions' social service departments. Children whose parents make 133% or less of the Federal Poverty Level may qualify. Many legal permanent residents who were admitted to the U.S. after August 22, 1996, must wait 5 years before being eligible for TANF and Medicaid.

Medicare: Federally run health insurance program for retired and some

disabled workers, as well as people on kidney dialysis or with a transplanted kidney. Medicare Part A covers hospitalization. Medicare Part B covers doctors and outpatient care and services. Enrollment is handled by the Social Security Administration branch offices.

Refugee Health Benefits: Refugees are screened for communicable diseases, physical and mental disorders associated with harmful behavior and substance abuse before they are allowed entry into the U.S. Once in Virginia, they receive a Domestic Health Assessment to follow up on previously diagnosed health conditions and test for tuberculosis; Hepatitis B; parasitic infections; pregnancy; anemia; and vision, hearing and dental problems. Immunization status is also checked. Refugees work with local case managers to determine their eligibility for Medicaid or FAMIS. If they don't qualify for these programs, they may receive the federally funded Refugee Medical Assistance (RFA), which covers the same services as Medicaid, for up to 8 months from their arrival in the U.S.

Managed Care Ombudsman. The state office to which complaints about handling of managed care health insurance coverage can be addressed.

E-mail: ombudsman@scc.state.va.us

Website: <http://www.state.va.us/scc/division/boi/webpages/ombudman.htm>

Phone: 1-877-310-6560, Richmond area 804-371-9032

Mailing address:

Bureau of Insurance

PO Box 1157

Richmond, VA 23218

Underinsured: People who receive health insurance but are put in a situation of extreme financial hardship by paying monthly premiums, deductibles and/or meeting out-of-pocket requirements. The number of underinsured is increasing in Virginia as employers pass more of the cost for health insurance to employees.

Uninsured: People who lack employer-provided health insurance and can't afford individual insurance.

Women, Infants and Children (WIC) Program: A federal program that provides food vouchers and nutrition education to pregnant and nursing women, infants, and children less than 5 years of age. Enrollment is handled by local health departments.

Sources

Centers for Medicare and Medicaid Services (CMMS), U.S. Department of Health and Human Services. CMMS website. Available: <http://cms.hhs.gov/>

Family Access to Medical Insurance Security (FAMIS) website. Available: <http://www.famis.org/>

Office of Family Health Services, Virginia Department of Health. Virginia WIC Program website. Available: <http://www.vahealth.org/wic/>

Office of Newcomer Services. (2001). *Virginia Refugee Resettlement Program Manual*. [Online]. Available: http://www.dss.state.va.us/pub/pdf/refugee_manual.pdf

Virginia Department of Social Services website. Medicaid coverage. Available: http://www.dss.state.va.us/benefit/medicaid_coverage.html

5. General Glossary of Terms

The following is a list of potentially confusing terms used to describe different kinds of health care and health care providers. The list is provided as a reference tool for instructors. If you wish to present the terms to learners, please simplify explanations according to your learners' level of understanding.

Complementary and alternative care (CAM): Complementary care (used together with mainstream therapies) and alternative (used in place of mainstream therapies) care are any healing practices that are not typically widely taught in mainstream U.S. medical schools or practiced by mainstream care providers (although the use of some CAM practices is increasing in the U.S. health care system). Some examples include:

- Acupuncture
- Chiropractic care
- Hypnotherapy
- Herbal medicine
- Homeopathy
- Meditation
- Mind-Body Therapies
- Energy Therapies
- And other traditional practices that have evolved in different cultural groups.

Levels of care: Many states have their own definitions of **emergency**, **urgent** and **primary care**. The explanations below are a blending of state government and health care field definitions.

Emergency care: Emergency care, that which is provided in a hospital emergency department, is for conditions that are life-threatening. Examples of life-threatening conditions include

- Chest pain.
- Severe, uncontrolled bleeding.
- Severe breathing problems.
- Unexplained loss of consciousness.

In Virginia and across the United States, emergency rooms are often crowded with patients. Patients are experiencing long waits (3-5 hours) before being seen. Crowding and long waits occur for various reasons.

One is that many people who do not have health insurance come to emergency rooms for care. Many of these patients could be seen more quickly in urgent care facilities. Another reason is a nationwide shortage of nurses and specialists. Specialists are reportedly less available to emergency rooms because they have difficulty obtaining liability insurance and adequate reimbursement for their services.

Urgent care: A condition in need of urgent care is one that is not considered life-threatening, but needs quick medical attention (e.g., within 24 hours) or it will become more serious. Appointments are not needed. Some examples of conditions suited to urgent care are:

- Respiratory infections
- Sore throats
- Severe headaches
- Earaches
- Sprains, broken bones
- Cuts in need of sutures (stitches)

Primary care: Primary care is used for on-going preventive care and management of chronic conditions. A primary care provider gives check-ups, diagnoses and treats non-urgent symptoms, monitors medications and chronic conditions, makes referrals to specialists as needed, and coordinate care. Examples of primary care providers are: family practitioners, pediatricians, geriatricians, internists, and general practitioners.

Primary care may be provided by any of the following:

- **Doctor of Medicine (MDs).** MDs are physicians who have completed undergraduate education, medical school, 3 to 7 years of residency, an optional fellowship (depending on their specialty), and have received a state license to practice.
- **Doctors of Osteopathic Medicine (DOs).** DOs have similar training and licensing requirements to MDs, but their approach is more whole-person-focused (considering both mind and body) than disease-focused. DOs give special consideration to the musculoskeletal system in diagnosing and treating illness.
- **Nurse Practitioners (NPs).** NPs are registered nurses with extra, specialized education who can conduct physical exams, diagnose and treat illnesses, order and interpret tests, refer to specialists, and prescribe medications in most states.

- **Physician Assistants (PAs).** PAs are licensed and practice medicine under a physician's supervision. PAs can conduct physical exams, diagnose and treat illnesses, order and interpret tests, provide patient education, assist in surgery, and can write prescriptions in most states.

Sources

American College of Emergency Physicians. "Emergency department waiting times." [Online fact sheet]. Available: <http://www.acep.org>

National Center for Complementary and Alternative Medicine. "What is complementary and alternative medicine (CAM)?" [Online]. Available: <http://nccam.nih.gov/health/whatiscam/#1>

Nemours Foundation. "What is a nurse practitioner?" [Online article]. KidsHealth for Parents website. Available: http://kidshealth.org/parent/system/doctor/nurse_practitioner.html

Nemours Foundation. "What is an osteopath?" [Online article]. KidsHealth for Parents website. Available: <http://kidshealth.org/parent/system/doctor/osteopath.html>

University of California San Francisco School of Medicine. (2002). *Primary Care -- Clinical Practice Guidelines*. [Online]. Available: <http://medicine.ucsf.edu/resources/guidelines/>

6. Health Insurance Glossary

The following is a list of terms commonly used in managed care and health insurance documents. It is provided as a reference tool for instructors. If you wish to present the terms to learners, please simplify explanations according to your learners' level of understanding.

- Actual charge:** The amount a health care provider charges an insurance company or patient originally.
- Aftercare:** The care patients need after being released from the hospital to improve or maintain their condition.
- Allocated benefits:** How much of a type of treatment the insurer has agreed to pay for, e.g., 12 physical therapy visits per year.
- Allowable costs:** Charges that your insurance policy covers.
- Ambulatory care:** Outpatient care (not hospitalization or home care).
- Ancillary care/services:** Care or services other than the main procedure or doctor's service. Examples are x-rays, lab tests and anesthesia.
- Annual benefit limit:** The most money your insurance company will pay out for your medical expenses in a plan year. After the limit is reached, you have to pay.
- Appeal/Grievance:** When you are dissatisfied with an insurance company's payment decision, you document the reasons why you disagree and your communications with the insurance company (usually phone communications) and send the information to the company in a letter requesting that they change their decision. You may need to do this more than once, and the insurance company may send you to a doctor they select to review your case. If the insurance company turns down your appeal, you can complain to the state insurance ombudsman.
- Approved facility:** A treatment center that your health insurer agrees to pay for, e.g., an approved hospital or an approved laboratory.
- Benefit package:** What the health insurer covers in a year, e.g., what treatments and services, what dollar limits of coverage.
- Billed claim:** When the bill has been sent by a health care provider to your insurance company.
- Capitation:** The amount a managed care organization agrees to pay a health care provider per patient for a set period of time. The provider gets paid per patient/per time period rather

than per procedure. This might induce providers to see a larger number of patients and avoid more expensive procedures.

Closed access/Closed Panel/Gatekeeper:

When an insured person has to choose one doctor to be his or her primary care provider. This doctor must refer the patient if the patient needs to see any other doctors. The patient can only be referred to other doctors participating in that health insurance plan.

Coinsurance:

When the insured person and his or her insurance company share the cost of medical treatment at an agreed upon rate. For example, the insurer pays 70% and the insured person pays 30%.

Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA):

Legislation which allows employees to continue their health benefits for 18-36 months after they leave a job. Note: Once on COBRA, the ex-employee is responsible for paying the full cost of the monthly premium, even the part the employer was covering previously.

Copayment:

This may be a set amount (e.g., \$20/visit) or a percentage of the total cost of the visit or procedure (e.g., 20% of the total bill) that the insured person must pay. The insurance company covers the rest.

Covered expenses: The amounts on a medical bill that the insurance company agrees to pay.

Customary and Reasonable Charges:

Prices that are considered normal and appropriate for a given service, procedure or medical supply.

Deductible:

An amount the insured person must pay each year before insurance coverage kicks in. The amount varies widely between policies.

Designated Mental Health Provider:

An organization which a health plan has contracted with to provide all mental health and substance abuse services for its members.

Discharge planning:

Making decisions and arrangements for what a patient's treatment needs will be after leaving an inpatient facility for physical or mental health treatment.

Drug formulary:

A list of drugs approved for coverage by your insurance company. If you need a drug that is not in the formulary, a

- doctor must write an appeal to the insurance company to request that an exception be made for your situation.
- Eligibility Period:** The period of time in which you can apply for group health insurance without having to submit specific health information for approval or premium cost determination. This period is usually within the first few months of your employment.
- Employee Contribution:** The amount of the monthly insurance premium that employees pay out of their paychecks.
- Employer Contribution:** The amount of the monthly insurance premium that the employer covers.
- Encounter:** Each time you meet with a health care provider for services.
- Exclusion:** Something that the health insurer refuses to cover, such as chiropractic care, a specific medication, or a pregnancy that started before coverage kicked in.
- Exclusive Provider Organization (EPO):** A health plan in which patients are only allowed to see in-plan (or in-network) providers.
- Explanation of benefits/ Statement of benefits:** When the insurance company has processed the billed claim, it sends you an explanation or statement of benefits to say what it covered and didn't cover for the doctor's bill. It shows what you still owe, if anything.
- Fee-for-service:** The more traditional pay arrangement where the health care provider is paid the amounts set out in its bill for its various services (no discounts or other arrangements have been set up with an insurance company).
- Flexible spending account:** Offered by some employers, this is when you choose an amount of money to be deducted from your paycheck before taxes, so that the money can be put aside into an account to pay for the health expenses that insurance won't cover within the year. What you don't spend by year's end, you lose.
- Savings Account/Health Spending Account/Self-Directed Account:** This concept is relatively new to health coverage and goes by a variety of names. The insurer or employer provides a limited account to the insured, who makes choices about

how the money is to be spent on health care in the plan year. The amount of money in the account varies by policy. It may be used for prescriptions or medical care. When the money runs out, there may be additional coverage for a percentage of medical costs, or there may be no additional coverage, depending on the policy. This kind of plan makes considerable demands on the consumer to track costs of services, the balance of the account, and rates of coverage for different health care providers.

Health Maintenance Organization:

An organization which offers medical services or manages the payment for them on behalf of its members, who pay a set premium for coverage services.

Managed Care: Means of controlling cost, efficiency, and quality of health care.

Medical Information Bureau (MIB):

An organization which maintains a database of all health history information patients submit in insurance applications. An insurance company can check your records in this database to decide if they will cover you or how much you will be charged for coverage.

Non-Participating Provider/Out-of-Network Provider:

A health care provider who is not contracted to provide services with your health insurance network. If your insurer allows you to see one of these providers, you will have to pay a larger percentage of the bill.

Open Enrollment Period:

The time each year when members of a group insurance plan can change their membership, e.g., switch to another plan, add or remove dependents, etc.

Out-of-Pocket Costs:

The amount you are required to pay for medical services based on your insurance policy (e.g., deductible, or coinsurance percentages after you have met the deductible). The maximum out-of-pocket is the most you have to pay in a given plan year. After you have paid the maximum, the insurance company should pay the rest.

Point of Service Plan (POS):

This kind of health insurance plan gives you the choice of seeing in-plan or out-of-plan doctors. You have to pay a higher percentage of the total for out-of-plan doctors.

Pre-Admission Certification:

The patient must notify the insurance company before being admitted to the hospital, giving the insurance company the opportunity to determine if the procedure is medically necessary or if there is a cheaper alternative.

Pre-existing Condition:

A health condition you had before applying for your health insurance. Some insurers may say that a pre-existing condition can't be covered for a set period of time (e.g., one year), or they may charge a higher premium because of the condition.

Preferred Provider Organization (PPO):

In this kind of health plan, if you see in-plan providers, you pay a set, discounted fee. If you see out-of-plan providers, you pay a percentage of the undiscounted fee.

Premium:

The (usually) monthly cost of health insurance coverage. It may be paid in full by the individual, or it may be paid in part by the individual and in part by the employer.

Primary Care Network:

A group of health care providers who are all contracted to one health plan.

Primary Care Provider:

A doctor, usually a general practitioner, who serves as the insured person's first point of contact for any medical issue, manages his or her treatment for each issue, and refers him or her to other providers as necessary within the health plan policy.

Reimbursement:

When insured persons pay the health care provider directly, they send photocopies of paid bills to the insurance company, which sends them a check to cover the agreed upon expenses.

Third Party Payer:

A fancy way to say anyone who pays for your health care who isn't you, e.g., Medicaid, Blue Cross, the Veterans Administration or an HMO.

Utilization Review:

When the health insurer conducts an investigation of the appropriateness of past, present, or proposed medical treatment of one of its members.

References

Agency for Health Care Policy and Research. (n.d.) *Check up on health insurance choices*. [Online]. Available: <http://www.ahcpr.gov/consumer/insuranc.htm>

Bisys Educational Services, Inc. (n.d.) *Insweb insurance glossary: Health*. [Online]. Available: <http://www.insweb.com/learningcenter/glossary/health-a.htm>

Section B: Why Is Health Literacy So Important?

1. Facts and Figures: United States
2. Facts and Figures: Virginia
3. Origins of the Health Literacy Issue
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1. Facts and Figures: United States

Did you know that in the United States...

- The rate of death from cardiovascular disease is about 30% higher for African American adults than white adults?
- Diabetes is 70% more prevalent in African Americans and nearly 100% more prevalent in Hispanic Americans than among whites?
- While African Americans and Hispanics make up 25% of the U.S. population, in 2000 they made up about 75% of all adult AIDS cases, and 81% of all pediatric AIDS cases?
- Low health literacy can occur in people who are otherwise highly functionally literate?
- The majority of U.S. adults with low literacy are thought to be white, native-born Americans?
- A study of hospital patients aged 60 and older found that 81% couldn't read and understand basic medical information?
- In a study of doctors in a women's health clinic, the doctors could only identify 30% of their patients who read below the third grade level?
- According to a recent survey by the American Medical Association Foundation, only 33% of U.S. doctors are aware of the health literacy problem?
- The AMA Foundation estimates that patients with low health literacy pay an extra \$73,000,000.00 annually for doctor visits, unnecessary or repeated tests and extended hospital stays?

Sources

American Medical Association Foundation. (Spring 2003). *Health literacy update, Issue 2* [Online]. Available: <http://www.ama-assn.org/ama1/pub/upload/mm/367/spring2003issue2.pdf>.

Center for Health Care Strategies, Inc. (2003). *Who has health literacy problems?* [Online fact sheet]. Available: <http://www.chcs.org/resource/pdf/hl2.pdf>

United States Department of Health and Human Services. (2000). *Healthy people 2010: Vol. 1(2nd ed)*. [Online]. Available: <http://www.healthypeople.gov/document/HTML/>

United States Department of Health and Human Services. (September 24, 2002). *Protecting the health of minority communities*. [Online fact sheet]. Available: <http://www.hhs.gov/news/press/2002/pres/minorityhealth.html>

2. Facts and Figures: Virginia

Did you know that in Virginia . . .

- There are approximately 413,000 uninsured adults with incomes at or under 200% of the Federal Poverty Level?
- Less than 75% of African American and Hispanic women received first trimester prenatal care in 1999, compared to more than 80% in other groups?
- Tobacco use during pregnancy was highest among White women in 1999?
- Between 2000 and 2001, the number of reported HIV cases among Whites increased by 34.5%, among African Americans by 16.8%, and among Hispanics by 43.6%? The total number of cases for African Americans was still far beyond other groups at 641.
- In 1998, African American males had the highest mortality rate for cancer in the state?
- In 1995, the average hospital admission cost for a person being treated for cardiovascular disease was \$13,974, 59% higher than the average charge of all admissions?
- In 1999, 1,483 Virginians died of diabetes -- and diabetes was a known contributing factor in 3,019 more Virginia deaths that year? The rate of diabetes-related deaths has been increasing since 1995.
- 67% of Virginians without health insurance are employed?

Regarding Mental Health in Virginia . . .

- A mental illness strikes 1 in 4 Virginians each year.
- More than one million adult Virginians suffer from one or more mental illnesses.
- 13,000 Virginians with mental illnesses are homeless.

Sources

Mental Health Association of Charlottesville-Albemarle website. Available:
<http://www.avenue.org/mha>.

Virginia Association of Free Clinics website. Available: <http://www.vafreeclinics.org/cl-stat.html>

Virginia Department of Health, Division of HIV and Sexually Transmitted Diseases website. Available: <http://www.vdh.state.va.us/std/2001annual.pdf>

Virginia Department of Health, Office of Family Health website. Available:
<http://www.vahealth.org/cancerprevention/datacpc.htm>

3. Origins of the Health Literacy Issue

The problem of low health literacy first gained national attention in the United States in 1993 with the publication of results from the National Adult Literacy Survey (NALS). The NALS found that almost "44 million Americans are functionally illiterate, or approximately one quarter of the U.S. population, and another 50 million have marginal literacy skills" (Bresolin, 1999, p. 552). Paradoxically, adult health education most often takes a written form that has historically aimed for a high-school reading level audience (Hohn, 1998).

As many native-speaking and limited English proficient (LEP) adults were found by the NALS to read significantly below the tenth grade level, they consequently face considerable challenges in using health care safely and effectively. In fact, adults with low literacy have been found to report poorer overall health than others, to make less use of preventive screening, to present to health care professionals in later stages of illness, to be more likely to be hospitalized, and to have a poorer understanding of treatment and lower adherence to treatment regimens (Rudd, 2002).

4. Current Efforts to Reduce Low Health Literacy

Call for Collaboration

The proportions of the health literacy problem in the United States are considerable, and remedial actions need to come from a variety of sources, including the health care system, public education and the individual health care consumers. In fact, in the federal government's action plan to achieve the national health goals set forth in Healthy People 2010, the federal proposal for improving overall health of Americans by the year 2010, a collaborative effort is called for between the health care and adult education fields. The action plan suggests that the health care field be encouraged to work with adult educators on the delineation of needed skills to support health literacy rather than on the transfer of health information. Adult education professionals have long focused on skill-building activities related to language and vocabulary acquisition, reading, writing, numeracy, oral comprehension, and discussion. Their expertise can support and enhance health literacy goals. (Office of Disease Prevention and Health Promotion, 2002, p. 13)

Medical Efforts

Some areas of the medical, health education and pharmaceutical industries are currently making considerable efforts to address the health literacy problem by simplifying the language used in educational materials. A movement is growing for the use of "Plain Language" in the writing of printed materials for patients. Health care forms and patient information are being written in grammatically simple, less technical language. Patient information materials are becoming available in more languages. Patients are sometimes offered video as an alternative to printed information. Cultural competence, health communication, and health literacy awareness trainings are becoming more widely available to health care providers. Public health educators are gaining presence in more communities. Interpreters are also slowly becoming more available in some health care settings.

5. Developments in Health Literacy Assessment

Literacy Tests in the Doctor's Office

One tool for investigation of low health literacy that has originated in the health care community may not be as beneficial to adult literacy learners: health literacy testing in the doctor's office. Tests such as the Test of Functional Health Literacy in Adults (TOFHLA) and the Rapid Estimate of Adult Literacy in Medicine (REALM) were initially developed to assess patient literacy for studies to measure the problem. However, the tests are now promoted as a means for health care personnel to identify patients with low literacy who come into a clinic for service. The administering personnel are not routinely trained in sensitivity for working with low-literacy adults. The benefit of getting a patient's test score is unclear. Being singled out to take a literacy test in a health care setting might cause a person with low literacy skills to feel heightened shame and anxiety (which, combined with feeling unwell in the first place, might cause the patient to do poorly on the test) and resist seeking future needed medical care.

The 2003 NAAL

In 2003 a new tool will be used to collect data on adult health literacy in the United States. The National Assessment of Adult Literacy (NAAL) will contain a new health literacy component which will assess skills in three health literacy domains: clinical activities, prevention activities, and navigating the health care system. The NAAL will be administered by trained interviewers to a representative sample of about 13,000 adults from across the country.

References

- Bresolin, L. (1999). Health literacy. *JAMA: The Journal of the American Medical Association*, 281(6), 552-557.
- Hohn, M.D. (1998). *Empowerment health education in adult literacy: A guide for public health and adult literacy practitioners, policy makers and funders*. Literacy Leader Fellowship Program Reports: Vol. III, No. 4, Part A [Online]. Available: <http://www.nifl.gov/hohn/HOHN.HTM>
- National Center for Education Statistics. (2001). *National assessment of adult literacy: Fact sheet for the states* [Online]. Available: <http://nces.ed.gov/naal/pdf/saal.pdf>

Office of Disease Prevention and Health Promotion. (2002). *Communicating health: Priorities and strategies for progress: Action plans to achieve the health communication objectives in Healthy People 2010* (draft). Washington: United States Department of Health and Human Services.

Rudd, R. E. (2002). *Literacy and implications for navigating health care* [Online slide show]. Harvard School of Public Health: Health Literacy website. Available: http://www.hsph.harvard.edu/healthliteracy/slides/2002/2002_01.html.

6. Significance for ABE Population in General

Even for people with higher literacy, being a health care consumer in the United States today is daunting. As Rudd (2002) describes, public health patients are expected to be aware of their health needs, take action, gain access to a complicated care system, engage in technical discussions, know their rights and responsibilities, advocate for themselves and family members, and make policy decisions. As the health care system increases in complexity, more responsibility is being put on the patient to learn about changing health care technology, procedures, and methods of payment, while looking more to the Internet for basic health information to support their healthcare-related decision-making. The challenges to adults with low literacy in meeting these expectations are enormous.

Low health literacy has been correlated with less and later use of health care services and more negative health outcomes. We can be sure that many of our students are in the large percentage of adults with low health literacy in this country. What happens to these learners when they are faced with health problems? Teachers often find that learners with health problems lose focus, increase their frustration level, increase absenteeism, and sometimes leave school (Povenmire & Hohn, 2001; Singleton, 2002). On a practical program level, teaching about health and health care can help learners have greater educational success by providing them with knowledge to better manage health issues, which in turn might allow them to attend school more regularly and focus more on their learning when they are in class.

Adult literacy learners come from a wide variety of ethnic backgrounds, another fact which doesn't bode well for their health. In the United States significant health disparities along racial and ethnic lines exist. (See the Facts and Figures section on pages 21-24 for examples). One of the objectives of the President's Healthy People 2010 initiative is to eliminate these disparities. Adult education is being recognized as a significant part of the solution (Office of Disease Prevention and Health Promotion, 2002).

References

- Office of Disease Prevention and Health Promotion. (2002). *Communicating health: priorities and strategies for progress: A action plans to achieve the health communication objectives in Healthy People 2010* (draft). Washington: United States Department of Health and Human Services.

- Povenmire, A.V., & Hohn, M.D. (2001, Spring). Why teach health? *Field Notes*, 10(4).
Available: <http://www.sabes.org/resources/fieldnotes/vol10/f04why.htm>
- Rudd, R. E. (2002). *Literacy and implications for navigating health care* [Online slide show].
Harvard School of Public Health: Health Literacy website. Available:
http://www.hsph.harvard.edu/healthliteracy/slides/2002/2002_01.html.
- Singleton, K. (2002). ESOL teachers: helpers in healthcare. *Focus on Basics*, 5(c).
Available: <http://www.gse.harvard.edu/~ncsall/fob/2002/singleton.html>

7. Why Should We Teach Health Topics in Adult Education Classes?

- Students show a high level of student interest in health topics and consequently a high motivation level (Hohn, 1998; Rudd et al., 1998; Singleton, 2002).
- Low functional literacy for health is a problem for adults who may otherwise have higher literacy functioning (Davis et al., 2002).
- Learning is negatively affected by stress and health problems that learners face. These can lead to lack of concentration and focus, absenteeism, and dropping out. Helping learners increase health awareness can work to reduce these obstacles to learning.
- The health care system is confusing at best for highly literate adults. Expectations on the patient are changing rapidly, with increasing patient responsibility expected for payment, information gathering, and decision-making.
- New trends in coverage like health care spending accounts place much higher demands on basic skills – interpreting information, calculating expenses, etc.
- Health topics are ideal for addressing core adult education teaching purposes, such as Equipped for the Future's Access, Voice, Independent Action, and Bridge to the Future.
- Teaching health topics provides rich opportunities to teach basic skills, such as critical thinking, problem-solving, and synthesizing information. These skills all support second language learning and are needed to achieve success in high school completion programs such as GED and external diploma programs.

References

- Davis, T., Williams, M., Marin, E., Parker, R., & Glass, J. (2002). Health literacy and cancer communication. *Ca*, 52(3), 134.

Hohn, M.D. (1998). *Empowerment health education in adult literacy: A guide for public health and adult literacy practitioners, policy makers and funders*. Literacy Leader Fellowship Program Reports: Vol. III, No. 4, Part A [Online]. Available: <http://www.nifl.gov/hohn/HOHN.HTM>

Rudd, R., Zacharai, C., & Daube, K. (1998). *Integrating health and literacy: Adult educators' experiences*. NCSALL Report # 5 [Online]. Available: <http://www.hsph.harvard.edu/healthliteracy/report5.pdf>

Singleton, K. (2002). ESOL teachers: Helpers in healthcare. *Focus on Basics*, 5(c). Available at: <http://www.gse.harvard.edu/~ncsall/fob/2002/singleton.html>

8. Examples of Teaching Opportunities by Skill Area for Health Education Instruction

Reading in English

- Reading and understanding medicine labels
- Reading and understanding patient education materials
- Reading and understanding medical and insurance forms
- Reading and understanding information on insurance plans
- Reading and understanding appointment cards
- Reading and understanding pre- and post-operative instructions
- Reading and understanding children's health documents, such as immunization records
- Reading and understanding prescriptions
- Reading and understanding nutrition information
- Reading and understanding legal documents such as informed consent, release of information, and "do not resuscitate" forms

Speaking and Listening in English

- Describing symptoms and their duration
- Asking questions about diagnosis, treatment, and payment
- Clarifying information
- Requesting and scheduling appointments on the phone and in person
- Requesting alternatives, second opinions, or interpreters
- Understanding oral instructions
- Understanding health education presentations
- Reporting health information to others (including history of a problem, methods of self-treatment, alternative therapies used, etc.)
- Negotiating method of payment

Writing in English

- Writing a letter of appeal to a hospital or insurance company
- Writing a letter to a provider requesting a payment plan
- Documenting errors
- Filling out medical and insurance forms
- Writing a personal health journal to record dates of important health occurrences and medications taken with dosages
- Writing health records of family members

Numeracy and Mathematics

- Calculating medicine dosages, frequency, and duration
- Calculating differences between insurance plan costs
- Calculating balance of health care spending account
- Calculating monthly medical bill payments

Critical Thinking

- Deciding between insurance plans
- Deciding between treatments
- Deciding between doctors, clinics
- Determining healthiest behaviors and how to implement them
- Determining when professional medical assistance is needed
- Determining when to use the emergency room
- Weighing benefits vs. drawbacks of medication side effects
- Evaluating different sources of health information

Science

- Learning about internal and external body parts and their functions
- Learning about body systems (e.g., how the immune system works, how blood circulates, etc.)
- Learning about cellular biology
- Learning about viruses and bacteria
- Learning various aspects of chemistry (e.g., drug dosing and interactions, nutrition, metabolism, effects of household chemicals on health, etc.)
- Learning about health implications of genetics
- Learning how vaccines work
- Learning how different medical tests and screening devices work (e.g. x-rays, magnetic resonance imaging [MRI], TB skin testing, etc.)

Social Studies

- Learning about advocacy skills for yourself, family, or community
- Researching and contacting available government and community health and health care resources
- Analyzing patient and provider rights and responsibilities (for example, should each doctor have to pay for interpreters to be available for patients?)
- Writing to a political representative to express an opinion on a health care policy issue

Learning about health care legislation, e.g., Mental Health Parity Law,
Americans with Disabilities Act, 1964 Civil Rights Act
Creating a proposal for changes to the U.S. health care system
Identifying stakeholders in the health care industry and analyzing
their viewpoints on key issues
Debating different sides of an issue, e.g., 1) Should health care be
managed by the government or private industry? Or 2) Should
insurance cover alternative treatments or mental health care
the same way it covers traditional physical health care?
Comparing different cultural practices in health and healthcare
Examining different health-related events in U.S. history, e.g., The
Tuskegee Experiment, The Love Canal, the history of the
tobacco industry

Computer Literacy

Learning to use the Internet as an information source
Evaluating and comparing the information you find on the Internet
Accessing a medical database (e.g., MedlinePlus)
Using Internet search engines
Sending inquiries by e-mail
Downloading and filling out medical or insurance forms
Typing a letter of appeal to a health care provider or insurance
provider in a word processing program

9. Significance for African-American Learners

Socioeconomic factors make health care difficult to access for many low-income African American adults in the United States. However, cultural mistrust significantly affects African American use of health care as well. Adult education classes can provide a forum in which African American students can express views on the mainstream U.S. health care system and apprehensions about using it. Education about conditions that affect African Americans at a higher rate than other ethnic groups such as hypertension or diabetes might help some students to increase awareness of preventive measures they can take for their own health.

Some African American adult learners may hold traditional cultural views and use culturally-specific terms and remedies for some health conditions. For example, some African Americans refer to hypertension as "pressure," "high blood" or "high-pertension." The illnesses are seen as related to heredity, poor diet, heat, the level of blood in the body, stress or an anxious personality, not altogether unrelated to the biomedical understanding of hypertension. Diabetes is sometimes referred to as "the sugar." When discussing such conditions in an adult literacy class, the instructor might want to ask learners for their perception of the illnesses. If learners hold traditional beliefs, the class could compare the traditional and biomedical understandings and treatments, clarifying what terminology and explanation one is likely to hear when visiting a health care provider for one of the conditions.

The Tuskegee Experiment Legacy

The "Tuskegee Study of Untreated Syphilis in the Negro Male" lasted from 1932 to 1972 under the direction of the U.S. Public Health Service and the Tuskegee Institute in Alabama. In the course of the experiment, 399 African American men who had syphilis were told they were being treated for their symptoms, when in fact they were not. The aim of the study was to discover the course of untreated syphilis to support the claim that treatment was needed. In 1945 penicillin was recognized as the treatment of choice for syphilis, but the men did not receive any. For 40 years study participants were denied treatment. The experiment was taken to such an extreme that the draft board was told not to treat the participants who served in World War II.

Some safeguards have developed as a result of the Tuskegee Study, such as the use of informed consent forms for research participants, and the existence of institutional review boards to assess the ethics of proposed research, but much

cultural mistrust of U.S. medicine remains within the African American community. Consequently, many African Americans avoid medical care, and many people are uninformed about conditions for which African Americans are at increased risk. Another not too surprising consequence of the Tuskegee Study and other historical mistreatment of African Americans in medical research is the shortage of clinical trial data on African Americans with various health conditions, such as different forms of cancer. The medical community is making efforts to improve relations with the African American community. An opportunity to learn more about health in class could help some African American students to feel more empowered in communication with health care providers, more comfortable about seeking preventive care and needed medical treatment, and more aware of the need for more clinical data on African American health.

Sources

Centers for Disease Control and Prevention. Timeline of the Tuskegee Syphilis Study [Online]. Available: <http://www.cdc.gov/nchstp/od/tuskegee/time.htm>.

Heurtin-Roberts, S., & Reisin, E. (1990). Health beliefs, compliance – hypertension. *JAMA, the Journal of the American Medical Association*, 264 (22), p. 2864.

Smiley, T. (Host). (2002, January 30). The legacy of Tuskegee. In *The Tavis Smiley show* [Online broadcast]. Available: <http://www.npr.org/programs/tavis/>

10. Significance for Limited English Proficient Learners

To find information on health beliefs and practices of specific cultures, see Section C, Online and Print Resources for Teaching Health to Adults, pages 65-86.

The following article is reprinted from the National Center for ESL Literacy Education's website.



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Health Literacy and Adult English Language Learners

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In recent years health literacy has garnered increasing attention in the adult literacy, English as a second language (ESL), and health care fields. Recent research findings indicate a correlation between low literacy and poor health in adults and between poor health and difficulties in participating in educational programs (Hohn, 1998). This Q&A defines health literacy and its importance in the United States and discusses implications for adult English language learners, instructors, and programs. It also offers a few recommendations for addressing health literacy in the ESL classroom.

What is health literacy?

The American Medical Association defines health literacy as "a constellation of skills, including the ability to perform basic reading and numerical tasks required to function in the health care environment. Patients with adequate health literacy can read, understand, and act on health care information" (Bresolin, 1999, p. 553). The National Library of Medicine (NLM; 2000) defines health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (p. v). From the field of adult literacy, Harvard health literacy specialist Rima Rudd (2001) explains health literacy as the ability to use English to solve health-related problems at a proficiency level that enables one to achieve one's health goals, and develop health knowledge and potential.

Rudd's definition seems most appropriate to ESL literacy instruction because it addresses the significant linguistic and cultural obstacles nonnative speakers may encounter when

seeking health care in the United States. Also, it refers to attaining personal health goals; people from different cultures understand health differently, and NLM's ambiguous "appropriate health decisions" may refer to decisions supported by U.S. medical culture alone.

What is the history of health literacy instruction?

Health has been included in ESL instruction since the advent of competency-based education (CBE) in the mid-1970s (Crandall & Peyton, 1993). The term health literacy was first coined in 1974 in a paper calling for minimum health education standards for all school grade levels (National Library of Medicine, 2000). The Mainstream English Language Training (MELT) program of 1983 formally recommended health as a standard in competency-based ESL curricula, resulting in its broad inclusion in commercial textbooks and individual program curricula (Grognet, 1997).

Health literacy gained visibility in 1993 with the publication of results from the National Adult Literacy Survey (NALS), which found that almost "44 million Americans are functionally illiterate, or approximately one quarter of the U.S. population, and another 50 million have marginal literacy skills" (Bresolin, 1999, p. 552). For the most part, health education materials target adults with an eighth- to tenth-grade reading level. Many adults, however, both native and nonnative speakers, read significantly below these levels and thus have great difficulty utilizing health care safely and effectively. Furthermore, adult ESL learners themselves indicate an interest in and need for studying health-related issues (Povenmire & Hohn, 2001).

How are literacy and health professionals responding to health literacy needs?

Literacy and health professionals agree that a collaborative effort is needed. Some in the medical field are assessing patients' literacy levels, revising educational materials into plain language, and providing patients with oral and video instruction in addition to written materials. Written materials are being translated into other languages, and medical professionals are receiving cultural sensitivity training. Some health care facilities are using certified medical interpreters for patients with limited English.

While these improvements are occurring, however, advancing medical developments demand that patients become more proactive and self-advocating than ever before. For example, many patients utilizing managed care must routinely advocate on the telephone and in writing for insurance coverage of procedures and treatments. As patient time with health care providers is often brief, it is becoming more important for patients to increase their own knowledge of health issues through research via the Internet and other sources. Additionally, as technological and pharmacological advances in the medical field create more treatment options, patients are expected to make complicated treatment decisions. These are challenges for many people and are especially daunting for those who are still learning the language.

What obstacles may ESL learners encounter?

Obstacles that adult English language learners may encounter in developing health literacy have been discussed by ESL educators (Brown, Ojeda, Wyn, & Levan, 2000; Feld & Power, 2000; Singleton, 2002):

- Lack of access to basic health care due to language barriers, lack of insurance, lack of information on available low-cost services, or fear of jeopardizing immigration status by utilizing such services.
- Lack of language skills. Learners may be unable to speak for themselves, use sophisticated vocabulary, formulate appropriate questions in a medical setting, or comprehend basic instructions without an interpreter. Many immigrants use their children as interpreters. This creates problems for the adults who fear losing status with their children, for the health care professionals who must deal with a child rather than an adult, and for the children who are put in situations where they are expected to function as adults and to convey intimate health information about their parents.
- Lack of educational background (for some students) in basic human physiology, which precludes comprehension of treatment information even with an interpreter's help.
- Lack of awareness of U.S. health care culture, including what is expected of the patient (e.g., preventive behaviors, treatment compliance, proactive questioning, provision of medical history, payment procedures) and what the patient can expect of care providers (e.g., patient's right to an interpreter, right to have questions answered and information clarified, right to a second opinion).
- Lack of identification with culture of health materials. The 1993 NALS results showed the majority of marginally literate adults to be white and native born (Bresolin, 1999); many health education materials may therefore be culturally and idiomatically directed to this population, making the content less accessible to patients from other backgrounds. Furthermore, careful thought needs to be given by teachers when using cartoons from brochures and textbooks. Illustrations, especially those of isolated body parts, may be unclear to English language learners, perhaps even incomprehensible to people with limited literacy in their native language (Hiffeldt, 1985). They also may be offensive to some groups. Teachers need to be aware of these issues and prepared to use other resources such as photographs, videos, or gestures.
- Lack of awareness of available mental health treatment. English language learners often do not know that treatments exist for managing depression, anxiety, and mental illnesses. Some learners who are aware of mental health treatment still lack information on the growing availability of culturally sensitive and linguistically appropriate care (Adkins, Sample, & Berman, 1999; Isserlis, 2000; see also Center for Multicultural Human Services [Resources]).

What are some challenges for ESL instructors?

Instructors may find the personal nature of class health discussions uncomfortable. They also may need to broaden their knowledge of the availability of health resources in their community. To address both of these issues, they can access informational support in the community by forming partnerships with health professionals. Additionally, the Internet can provide helpful information on insurance and other health care culture issues (see Resources).

Teachers may worry about being unfamiliar with their students' cultural beliefs on health issues. Learners can be resources for this. In the classroom, all views should be respected and students given the choice whether or not to share personal stories and beliefs such as traditional health practices from their native culture. Although general awareness is increasing, students need to know that the mainstream medical field may have less awareness or respect than do their instructors for health remedies and customs outside those practiced in Western medicine.

Instructors of students with minimal English literacy must select health materials carefully. If written information appropriate for students' reading level is unavailable, the teacher can orally provide clear information.

What kinds of activities develop health literacy?

As the health information needs of ESL students can be extensive, instructors must decide how much time is available to meet these and other curricular needs. LaMachia and Morrish (2001) and Povenmire and Hohn (2001) stress that class time spent on health can be particularly effective for language-skill and critical-thinking development. In a class activity leading up to speaking with a health care provider, students can practice a basic dialogue with the teacher, then work in groups to brainstorm other questions to ask the doctor about health-related concerns. For example, many immigrants are found to be carriers of dormant or active tuberculosis (TB) and are given the antibacterial drug Isoniazid to treat it. The following dialogue and activities can be used to prepare intermediate-level students for speaking with a doctor at a public clinic.

Dialogue

Doctor: *Your skin test and x-ray show you are positive for TB.*

Patient: *Is it serious?*

Doctor: *No, the TB is not active, but you need to take medicine so it won't make you sick in the future.*

Patient: *What medicine should I take?*

Doctor: *You need to take 300 mg. of Isoniazid everyday for 6 months.*

Activities

1. As a whole group, students go over vocabulary and pronunciation and then recite the dialogue.
2. After this, learners work in small groups, utilizing critical thinking, teamwork, speaking, listening, and writing skills as they brainstorm questions they want to ask the doctor about taking Isoniazid, such as how to take it, what are serious side effects, what are less serious side effects, and what should they do for the serious side effects.
3. Back in the whole group, the teacher helps learners correct question formation and practice the questions. Issues about what questions are appropriate to ask the doctor are discussed.
4. The teacher provides vocabulary on side effects and precautions (see Resources).
5. A role-play activity where students act out a conversation with the doctor about taking Isoniazid provides further listening and speaking practice.

How can programs use a participatory approach to health literacy instruction?

Health competencies such as making an appointment, reporting medical problems, or asking about prescription side effects have typically been taught in ESL classes via CBE, blended with features of other approaches-such as whole language, learner-centered, or language experience-according to teaching styles and learner needs.

Participatory approaches to teaching health, often coupled with the development of a project, have received much attention recently in the adult education field. Students select health topics, such as how to find affordable, culturally sensitive health care in their area; how to prevent HIV infection; or how to determine the health problems prevalent in their ethnic or age group and how to prevent or treat them. They investigate the topic in teams and create a product (e.g., a brochure or presentation) to educate others (Hohn, 1998). Projects can improve language skills, enhance learner motivation and confidence, and ultimately empower learners. Moss and Van Duzer (1998) warn, however, that project-based learning "involves careful planning and flexibility on the part of the teacher" (p. 2), which may be difficult in some less intensive ESL classes with time constraints or for instructors with limited training. It may also be inefficient for conveying needed basic health care information to beginners, newcomers, or people with minimal literacy skills.

Conclusion

Adult English language learners face significant social, linguistic, and cultural obstacles to health care self-efficacy. Sensitive health instruction continues to help learners negotiate some of these obstacles. Ensuring that adult English language learners have the literacy skills and cultural information necessary to access the care they need means specific training and lesson preparation for instructors, collaboration with health care providers, and more recognition of its importance by program administrators and funders.

References

- Adkins, M. A., Sample, B., & Berman, D. (1999). *Mental health and the adult refugee: The role of the ESL teacher*. ERIC Digest. Washington, DC: National Center for ESL Literacy Education. (EDRS No. ED439625)
- Bresolin, L. (1999). Health literacy. *JAMA: The Journal of the American Medical Association*, 281(6), 552-557.
- Brown, E. R., Ojeda, V. D., Wyn, R., & Levan, R. (2000). *Racial and ethnic disparities in access to health insurance and health care*. Washington, DC: UCLA Center for Health Policy Research & Kaiser Family Foundation.
- Crandall, J., & Peyton, J. K., (Eds.). (1993). *Approaches to adult ESL literacy instruction*. Washington, DC, & McHenry, IL: Center for Applied Linguistics & Delta Systems.
- Feld, P., & Power, B. (2000). *Immigrants' access to health care after welfare reform: Findings from focus groups in four cities*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured.
- Grognet, A. G. (1997). *Performance-based curricula and outcomes: The Mainstream English Language Training project (MELT) updated for the 1990s and beyond*. Washington, DC: Center for Applied Linguistics. (Available from Spring Institute for International Studies, 303-863-0178, <http://www.springinstitute.com/elt>)
- Hiffeldt, C. (1985, Winter/Spring). Picture perception and interpretation among pre-literate adults. *Passage: A Journal of Refugee Education* 1(1), 27-30.
- Hohn, M. (1998). *Empowerment health education in adult literacy: A guide for public health and adult literacy practitioners, policy makers and funders*. Washington, DC: National Institute for Literacy.
- Isserlis, J. (2000). *Trauma and the adult English language learner*. ERIC Digest. Washington, DC: National Center for ESL Literacy Education. (EDRS No. ED444397)
- LaMachia, J., & Morrish, E. (2001, Spring). Teachers' concerns about incorporating health into adult education. *Field Notes*, 10(4).

Moss, D., & Van Duzer, C. (1998). *Project-based learning for adult English language learners*. ERIC Digest. Washington, DC: National Center for ESL Literacy Education. (EDRS No. ED427556)

National Library of Medicine. (2000). *Current bibliographies in medicine: Health literacy*. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.

Povenmire, A. V., & Hohn, M. (2001, Spring). Why teach health? *Field Notes*, 10(4).

Rudd, R. E. (2001). *Health literacy overview*. [Electronic slide presentation] Retrieved December 2001, from Harvard School of Public Health, Health Literacy Studies Web site: <http://www.hsph.harvard.edu/healthliteracy/overview.html>

Singleton, K. (2002). *ESL teachers: Helpers in healthcare*. *Focus on Basics*, 5(C), 26-29.

Resources

Agency for Healthcare Research and Quality. This Web site contains easy-to-read information on health conditions, health insurance, and consumer rights. <http://www.ahrq.gov>

American Pharmaceutical Association. *Avoiding medication errors*. <http://www.pharmacyandyou.org/aboutmedicine/med.html>

Center for Multicultural Human Services. A culturally and linguistically sensitive mental health treatment provider. <http://www.cmhsweb.org/>

Cross Cultural Health Care Program. Provides information on health beliefs in different cultures. <http://www.xculture.org/>

Fadiman, A. (1997). *The spirit catches you and you fall down*. New York: Noonday Press. True account of the culture collision that occurred with tragic results in the 1980s in California, where a Hmong child was treated for a severe seizure disorder.

Federal Resources for Educational Excellence (FREE). *Health and safety*. Links to Web health information compiled by federal agencies. <http://www.ed.gov/frec/s-health.html>

Galanti, G. (1997). *Caring for patients from different cultures*. Philadelphia: University of Pennsylvania Press. Relates 172 case studies of cultural conflicts that occurred in U.S. hospitals.

Health Literacy. U.S. Department of Education Web site offers up-to-date information on health literacy and resources. <http://www.ed.gov/offices/OVAE/AdultEd/health1.html>

Joint Commission on Accreditation of Healthcare Organizations. Provides easy-to-read information on making health care choices. http://www.jcaho.org/trkgen_frm.html

Levine, D. A. (2001, October). *Health Literacy: Implications for Seniors Symposium Proceedings*. Washington, DC: U.S. Department of Education, Office of Vocational and Adult Education, Division of Adult Education and Literacy. Includes appendices and contact information

for classroom resources. (Available in 2002 online and from ERIC Document Reproduction Service.)

Medline Plus. National Library of Medicine Web site with plain English information on health and medicines. <http://www.nlm.nih.gov/medlineplus/>

McKinney, J., & Kurtz-Rossi, S. (2000). *Culture, health and literacy: A guide to health education materials for adults with limited English literacy skills*. Boston: World Education.

New York Online Access to Health (NOAH). A well-organized, English/Spanish directory on health topics and resources. <http://www.noah-health.org/>

System for Adult Basic Education Support (SABES) Health Page. Provides information and resources that link the fields of health and ABE/ESL. <http://www.sabes.org/health/>

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race and ethnicity*. Rockville, MD: Author. Available: <http://www.mentalhealth.org/Publications/allpubs/SMA-01-3613/sma-01-3613.pdf>

ERIC/NCLE Digests and Q&As are available free from NCLE, 4646 40th Street NW, Washington, DC 20016; 202-362-0700, ext. 200; email: ncle@cal.org; and on the Web at <http://www.cal.org/ncle/DIGESTS>.

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11. Significance for Native American Learners

There are 8 state-recognized Native American tribes living within Virginia. These are the Chickahominy (Providence Forge, VA), the Eastern Chickahominy (Providence Forge, VA), the Mattaponi (West Point, VA), the Monacan Nation (Madison Heights, VA), the Nansemond (Chesapeake, VA), the Pamunkey (King William, VA), the Rappahannock (Indian Neck, VA), and the Upper Mattaponi (Mechanicsville, VA). All but the Mattaponi and the Pamunkey are seeking federal recognition, which would give tribes access to health care from the federal Indian Health Services and other social services.

While each tribe has its own culture, certain health beliefs and practices have traditionally been common among Native American tribes. The spirit is as important of a component in health as the physical body. Keeping in balance with the natural world is an important part of health. Ritual practices and ceremonies are often used to purify the spirit and reduce or prevent imbalance. Such rituals may include purification through sweating, prayer, song, chanting, dancing and drumming. Herbal medicine and shamanic healing have often been used in Native American traditional approaches to healing. While some knowledge of traditional treatments and cures has been lost over time, some efforts are now being made among tribes to collect and preserve remaining knowledge.

Nationally, the federal Indian Health Service (IHS) provides health care to members of over 560 federally recognized tribes. One in 5 people who identify themselves as Native Americans in the U.S. receives IHS care. The health care comes from a variety of sources, including IHS clinics and hospitals on tribal lands and private contractors. Efforts are made to provide culturally acceptable care while employing a predominantly biomedical perspective.

Little information is available on the frequency of specific health conditions among Virginia's Native American population. Nationwide, certain conditions are known to hit Native American populations particularly hard. They include type 2 (adult onset) diabetes, heart disease, stroke, cancer, accidental injuries (often related to not wearing seat belts or drunk driving), chronic liver disease and cirrhosis (brought on by alcoholism), chronic lower respiratory diseases, and suicide. In some tribes the diabetes rate runs as high as 50% among adults. Infant mortality and Sudden Infant Death Syndrome rates run higher among Native Americans than other ethnic groups in the United States.

Adult learners from Virginian tribes may find information on any of the conditions listed above useful. Also, discussion in class on blending or reconciling traditional beliefs and practices with biomedical information and treatment ideas might be interesting and useful to learners. As the possibility of Virginia reservations receiving IHS services continues to be discussed, learners may be interested in learning about political decision-making relating to public health care in the U.S., how one might advocate for a certain political decision, and how one can educate others (including care providers) about one's cultural health beliefs in a federal public health setting.

Sources

Centers for Disease Control and Prevention. Office of Minority Health American Indian and Alaskan Native website. Available:
<http://www.cdc.gov/omh/Populations/AIAN/AIAN.htm>

Hardin, P. (2003, May 4). Governor backs Virginia's Indians. *Richmond Times-Dispatch*. Available: <http://www.timesdispatch.com>

Indian Health Service website. Available: <http://www.ihs.gov/>

National Institutes of Health. *Alternative medicine: Expanding medical horizons: A report to the National Institutes of Health on alternative medical systems and practices*. [Online report]. Available: <http://www.naturalhealthvillage.com/reports/rpt2oam/toc.htm>

National Women's Health Center website. Native American women's health. Available: http://www.4woman.gov/faq/easyread/native_american-etr.htm

Pember, M. (2002, April 9). For tribes, traditions may be key to a healthier future. *Washington Post*, F1 (Health section) Available: <http://www.washingtonpost.com>

Virginia Indian Tribal Alliance for Life (VITAL) website. Federal recognition updates. Available: <http://www.vitalva.org/fedrecupdates.html>

12. Significance for Elderly Learners

Researchers suspect that health literacy declines with age. A large study of Medicare enrollees indicated that 34% of English speaking and 54% of Spanish speaking enrollees had inadequate health literacy (Gazmarian et al., 1999). Enrollees of higher ages had lower levels of health literacy. While the general public in the United States is believed to take medications as directed only 50% of the time, the elderly rate of compliance is believed to be lower. As taking multiple daily medications is increasingly common among elderly Americans, the implications of low health literacy for this age group are highly significant. Adult education instructors can assist the elderly (and other learners) at strategizing methods to understand and keep track of medication instructions, such as:

- Brainstorming and writing down questions about condition and care before seeing a health care provider.
- Getting written answers from the health care provider to show someone (perhaps a family member or friend) who can help understand them later.
- Keeping a list of medications and doses for one's own reference as well as to show the health care provider.
- Finding ways to help oneself remember which medicine is which (and what each is for), such as identifying them by color, shape, and size, or putting distinguishing stickers on their containers.
- Repeating back information to the health care provider to make sure you understand.
- Having a family member or friend go with you for your appointment to help you ask questions and understand instructions.
- Making sure you have contact information for the health care provider so that you can call with questions later on if necessary. (Korschun, 1999)

Additionally, older learners may need help finding sources of low-cost care, filling out applications for Medicare, and finding services to help pay for prescription drugs. Discussions and activities in adult education classes might help them problem-solve in these areas.

References

Gazmarian, J., Baker, D., Williams, M., Parker, R., Scott, T., Green, D., Fehrenbach, S., Ren, J., & Koplan, J. (1999). Health literacy among Medicare enrollees in a managed care organization. *JAMA, Journal of the American Medical Association*, 281(6), 545.

Korschun, H. (March 1, 1999). *Emory Report* [Online serial], 51 (22). Available: http://www.emory.edu/EMORY_REPORT/erarchive/1999/March/ermarch.1/31_99health.html

13. Significance for Family Literacy Learners

Health literacy and family literacy blend extremely well. Family literacy classes are an ideal forum for parents to express concerns, exchange ideas and resources, and help one another problem-solve on health and health care issues, all while developing literacy and communication skills. Parents' high interest in these topics will help them be motivated learners. Some examples of health topics that might come up during family literacy classes are:

- Immunizations children need
- How to access health care and coverage for one's children
- Children's emotional, physical and cognitive development
- Nutrition
- Medication safety, especially using correct adult and child doses
- Preventive care
- How to advocate for children in the health care system
- Family dental health
- Vision and hearing health and local resources
- Family mental health
- Stress management
- Healthy communication within the family
- Managing problems in bicultural families
- Parenting practices, such as modes of discipline (e.g., practices that are accepted as good discipline in one culture may be construed as child abuse in mainstream U.S. culture)
- Women's health, and prenatal and post-natal healthcare
- Sex education, sexually transmitted diseases, and the influence of U.S. media and peer pressure on children's sexuality in opposition to cultural beliefs and practices taught within the family
- Domestic violence and what protection and supports are available for victims (adults and children) in the United States
- Learning disabilities, such as Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder

14. A Few Words about the Sandwich Generation

Members of your adult education class might be experiencing the stresses of being in the Sandwich Generation. While caring for their children and/or working, they may also be caring for aging parents. Here are some facts about this generation:

- Women provide almost 80% of eldercare in the United States, and at least 64% of these women are working.
- Eldercare tends to be a longer term responsibility than infant care. ("Sandwich Generation's Caregiving Duties Expand," 2002)
- Multigenerational caregiving is more common among African Americans.
- Sandwich generation caregivers report lower self-perceived levels of health than other caregivers. (Cameron & Sechrist, 2002)

If you have sandwich generation caregivers among your learners, some health topics which might be interesting to them are:

- How to locate and apply for home health care assistance in your area.
- How to find other support services for caregivers.
- How to find financial assistance for purchasing prescription drugs.
- Medication safety.
- Health concerns of aging.
- Stress management and self-care for the caregiver.
- How to build a support system.

References

- Cameron, A., & Sechrist, J. (2002, October 5). Defining a new generation of caregivers: Racial differences among the sandwich generation. *The Gerontologist*, 25.
- Sandwich generation's caregiving duties expand. (July 2002). *Essential Assistant*, 15(7), 2.

15. Significance for Incarcerated Learners

Correctional health care is handled differently by different jurisdictions. Little information is easily accessible to the public about standards of care in Virginia jails. Some jails have a managed care-style set-up run by a contracting organization, such as Correctional Medical Services, Incorporated. Other jurisdictions hire their own health care providers directly. Sometimes medical doctors provide treatment, while other times nurses or nursing assistants with credentials for administering medications are the health care providers. Inmate access to the care that is present varies from jail to jail. Sometimes care is accessible by simply requesting it, while other times the inmate's name is put on a waiting list. Some jail health care services are better than others at making sure that inmates get daily medications that they need. Students may need to learn how to advocate for themselves to get the care they need within their jail's particular system.

What can an adult literacy instructor teach incarcerated students about health that will be helpful during their time in jail and after their release? Certainly, practicing communication skills to advocate for oneself and to request medical treatment are a start. The practices and conditions in individual jails, however, will determine how well self-advocacy and requests for treatment are received.

There is a high likelihood that inmates in your jail literacy class have low-self-esteem and a correlating low level of knowledge on preventive care for themselves and their family members. Much of the information proposed in this Toolkit for other student populations can be beneficial to incarcerated learners. Knowing that their teacher is concerned enough for their well-being to teach them about preventive care may be initially surprising to them, but ultimately encouraging for some.

Knowledge of nutrition tends to be low among incarcerated populations, and smoking is common. Learners may benefit from learning how choices they make regarding topics like nutrition and smoking can directly affect their long-term health. Choices they make about their health while incarcerated can positively or adversely affect their health when they are released. They may also be interested in learning about preventive practices for their family members' health, because that knowledge can help them build their connection to family members and strengthen their sense of responsibility towards others.

Many incarcerated learners may have a history of substance abuse. Diseases like HIV/AIDS and hepatitis have a high rate of occurrence among people

who abuse substances. Also, other conditions relating to nutritional needs may be present. For instance, calcium deficiency due to drug abuse may lead to severe dental problems. Additionally, balanced nutrition can aid in recovery efforts. Education on any of these topics may be of interest and benefit to people with a history of substance abuse.

The author is grateful to Betty Ahern, public health nurse and volunteer jail health educator in Arlington, VA, for contributing valuable information to this section.

16. Significance for Migrant Workers

Learners who are migrant farmworkers are likely to have extensive health education needs. The migrant lifestyle often means that workers do not receive primary medical care. These workers commonly seek care only when a condition urgently requires it, and often do not have follow-up care or regular visits for chronic conditions which require monitoring.

Work environment factors create specific health concerns for migrant farmworkers. Problems including headaches and irritation of the skin, nose, throat, eyes, and lungs can occur from extended exposure to pesticides. While safe pesticide handling procedures have been identified, some workers around the country have reported that they are not able to adhere to the procedures in their worksites, due to conditions like lack of water to wash pesticide residue off the skin. Others are not trained in the procedures. Instruction on safe handling of pesticides could be very helpful in adult literacy classes and would probably stimulate high learner interest.

Other health problems common to migrant farmworkers include:

- heat stroke
- dehydration
- dental problems due to lack of fluoridated water
- urinary tract infections due to urine retention because a toilet is not available
- agriculture-related injuries
- depression and substance abuse due to isolated living and working conditions

Health-related lessons which focus on prevention of or care for these conditions could be beneficial to learners. Also, because many migrant farm workers do not have regular care with a familiar provider, they can greatly benefit from instruction to develop skills in keeping track of and reporting their own and their families' medical histories and medication use.

Note: Simple, illustrated patient education materials on a variety of topics mentioned above are available on the website for the National Center for Farmworker Health at <http://www.ncfh.org>. Click on "Resource Center."

Additionally, while accurate numbers are impossible to obtain, it is believed that the following conditions may occur among migrant farmworkers with

greater frequency or worse outcomes than in many other population groups because of the lack of access to regular medical care and monitoring:

- tuberculosis
- diabetes
- various cancers
- HIV/AIDS

References

- Clingerman, E. (2003). Human immunodeficiency virus (HIV) infection and farmworkers. *Migrant Health Newslne*, 20(1) [Online]. Available: <http://ncfh.org/newsline/03-0102.pdf>
- Longo, P., & Donahue, V. (1997). *Amplifying the health literacy of migrant farmworkers*. Dayton, VA: Virginia Adult Educators' Research Network.

Section C: What Resources Are Available?

1. Virginia Health Care Resources for Uninsured and Underinsured Low Income Learners
2. Chart: Advice for Learners on Paying Huge Hospital Bills
3. Sample Letter to Request Medical Bill Reduction or Payment Plan
4. Mental Health Resources for Low Income Learners
5. Selecting Online and Print Health Resources: Some Words of Caution
 - Using Websites
 - Language and Literacy Level Appropriateness
 - Pictures
 - Cultural Sensitivity
 - Relevance
6. Online Resources for Teaching Health to Adults
7. Print Resources for Teaching Health to Adults
8. Potential Collaboration and Funding Sources
9. Potential Community Partners for Health Literacy Efforts

1. Virginia Health Care Resources for Uninsured or Underinsured Low Income Learners

It is important to stress to students that free and low-cost clinics are for preventive, primary care, not emergency care. Each clinic has its own policies. It may require an initial appointment to ascertain whether a person is financially eligible (proof of income and local residence are typically required). If a clinic is very busy, there may be a waiting list for an appointment, or the clinic may stop taking new patients temporarily. If your student calls and is told the clinic is not taking new patients, the student can ask if there is a waiting list. If there is no waiting list, you can suggest that the student call back once a week until more patients are being accepted.

Free clinics

An excellent source for information on free clinics for the uninsured and underinsured residents of Virginia is the Virginia Association of Free Clinics website at <http://www.vafreeclinics.org/>. This site provides addresses and phone numbers for 38 free clinics around the state. Many members list PO boxes for addresses, probably to deter walk-in patients. Current member clinics are listed in Appendix A.

Virginia Primary Care Association (VPCA)

VPCA is the state association representing Community Health Centers, Migrant Health Centers, Health Care for the Homeless programs, and other primary care organizations. These programs offer low-cost or free care to the uninsured and underinsured. Current members are listed in Appendix A.

Local health departments

Local health departments in Virginia do not generally provide primary care. Their work includes providing clinical preventive services, such as immunizations, communicable disease treatment and control, and family planning services to low-income women. Some health districts also provide prenatal care to low income women. Some health department preventive services are provided on a sliding scale basis. Others are free. Your local health department can probably provide referrals to other low-cost primary care providers in your community. The 2003 Directory of District and Local Health Departments for the state of Virginia is available online at <http://www.vdh.state.va.us/lhd/Distrdirectory.doc>.

Affordable Legal Services

Negotiating health care bills and treatment issues sometimes requires legal assistance. Low-income learners can contact their local affiliate of the Legal Services Corporation of Virginia to request assistance. Affiliates are listed in Appendix B. Also, individuals can call 1-888-leglaid and the call will automatically be routed to the nearest legal aid office. After hours this number provides access to telephonic legal information which is available in English, Spanish, Vietnamese and Korean. A website which provides useful legal information in simplified English on a wide variety of topics can be found at www.valegalaid.org.

Affordable Dental Health Services

The Virginia Department of Health lists health department providers of public dental health at <http://www.vahealth.org/teeth/servden.htm>. Some free clinics (see Appendix A) also provide dental services. The following organizations might be able to provide affordable dental care or give referrals for affordable providers in different areas of the state.

- Virginia Commonwealth University School of Dentistry
www.dentistry.vcu.edu
- Virginia Dental Association Donated Dental Services Program
www.vadental.org
- Virginia Primary Care Association
www.vpca.com

State Children's Health Insurance Program for working families

Each state has its own Children's Health Insurance Program, or CHIP. Virginia's CHIP program is called Family Access to Medical Insurance Security, or FAMIS. This is for children who are U.S. citizens in low-income families with working parents. Family income is too high to qualify for Medicaid. (Parents need not be U.S. citizens for the children to qualify for coverage.) The FAMIS website is at <http://www.famis.org/english/enter.htm>. The website has a calculator that allows one to plug in information and see if children are likely to qualify based on their parents' income. The phone number for applying by phone is 1-866-87F-AMIS (or 1-866-873-2647).

Workers' Compensation

In Virginia an employee who incurs an "injury by accident" on the job or an "occupational disease" is entitled to workers' compensation. Terms are defined and claims and appeal procedures are outlined on the website of the Virginia Workers' Compensation Commission. Go to <http://www.vwc.state.va.us/index.htm> . Click on "Employees' Guide."

Virginia Workers' Compensation Commission (central office)
1000 DMV Drive
Richmond, VA 23220

2. Chart: Advice for Learners on Paying Huge Hospital Bills

What can students do about paying the bill if they are low-income, uninsured, and hospitalized in an emergency?

There isn't a sure answer for this question, but there are things students can do. They can:

- Ask to speak with a financial social worker at the hospital. The social worker can investigate ways to get the bill reduced and set up a payment plan. Payment plans typically involve payments of \$50/month. Sometimes in cases of extreme hardship, bills can be written off. This depends on the practices of the individual hospital.
- Ask individual service providers (e.g. surgeon, anesthesiologist, etc.) for a reduction of the bill and a payment plan. Some individual providers charge a lower rate for people who are uninsured, but they might not realize a patient is uninsured until it is brought to their attention. In emergencies, the patient might only find out who performed a service when they receive a bill afterwards. They might want to visit that provider's office and ask in person. The provider's staff may give further instructions to put the request in writing, or to call a specific staff member, etc. An example of a request letter follows this box.

What happens if uninsured students decide they can't possibly pay the bills, so they are going to ignore them?

- The billing account will be turned over to collections in a few months, and the student's credit record will be negatively affected for 7 years, or until the collection agency is paid the full amount.

3. Sample Letter to Request Medical Bill Reduction or Payment Plan

1234 Main Street
Arlington, VA 33333
April 2, 2003

Dr. James Shockley, MD
4321 N. George Mason Drive, Suite 401
Arlington, VA 22222

Dear Dr. Shockley:

My name is Pramil Gupta. On March 1, 2003, you performed emergency surgery on me at Arlington General Hospital after I was in a car crash. I received a bill from your office for \$15,000.00. I am writing to request a payment plan for this bill. Could I pay you \$30.00 each month, please? I can pay more when I return to work. Also, would it be possible to lower the bill amount because I don't have health insurance? I have missed a lot of work since my accident and my family does not have much money. My wife is not working right now because she is taking care of our two small children.

Thank you very much for performing my surgery, and thank you for your consideration of my request.

Sincerely,

Pramil Gupta

4. Mental Health Resources for Under- or Uninsured Low Income Learners

Mental health issues in Virginia fall under the state's Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). The state is broken into 40 regions, each with its own Community Service Board (CSB), which offers mental health services of its own and/or contracts with other local service providers. Call your local CSB to inquire about local low-cost mental health services. CSB telephone numbers are listed at: <http://www.dmhmrzas.state.va.us/organ/CSB/csblist.htm>.

Culturally and linguistically sensitive mental health care

Providing culturally competent, linguistically appropriate mental health services is a relatively new development in the United States, so there are as yet few providers in Virginia. Check with your local Community Service Board to see if such services exist in your area.

Northern Virginia is fortunate to have the private, non-profit Center for Multicultural Human Services (CMHS). CMHS provides sliding scale counseling and other social services in 27 languages. CMHS specializes in helping refugees who are learning to cope with past trauma.

The organization distributes mental health brochures on 7 topics: Depression, What is Good Mental Health?, Post Traumatic Stress Disorder, Effective Parenting, Understanding and Managing your Child's Anger, Alcohol and Substance Abuse, and Gambling: An Addictive Behavior. These brochures are available in English, Somali, Kurdish, Amharic, Spanish, Arabic, Farsi, Russian, Khmer, Vietnamese, French and Serbo-Croatian. CMHS also provides cross-cultural and human services training. CMHS is located at:

701 West Broad Street
Suite 305
Falls Church, VA 22046
Phone: (703) 533-3302
Website: <http://www.cmhsweb.org>

5. Selecting Online and Print Health Resources: Some Words of Caution

Fortunately, there is an abundance of material available on the Internet and in printed brochures about health topics. Teachers need to be selective, however, in using these materials with learners. Here are some reasons for caution:

Using websites

Always check the URL (web address) on the day you plan to teach with computers! Sites move around or disappear without warning. Sometimes if a website moves, you can find it again by going to the homepage and searching for the name or topic from there.

Language and literacy level appropriateness

Although some materials are described as "Easy-to-Read" or "Plain English," their levels of vocabulary and grammatical complexity vary. Always preview sites or printed materials to make sure they are appropriate for your learners' reading levels. For lower literacy levels, language and grammar need to be simple.

- Sentences and blocks of text should be short and not complex.
- Verbs should be in active voice. (Bad: Medicine is to be taken with food. Better: Take medicine with food.)
- Don't assume that low literacy learners have a good knowledge of anatomical vocabulary and understanding of body system functions. Choose materials that explain these as simply as possible.
- Often materials are available in different languages. However, if learners have low literacy or lack medical vocabulary in their native language, the translated materials are not particularly helpful. Giving a translated brochure to someone who can't understand it in their first language might make them feel worse about their literacy level.
- Some simplified materials, particularly those designed for children and adolescents, may contain some colloquialisms that make them confusing for many non-native speakers of English.
- Layout of materials for people with lower literacy should be simple, without too much information or clutter on a page or screen. Reading bulleted text may be easier than finding information in paragraphs.
- Make sure there is not too much information for your learners to absorb in a brochure or other health education material. Keep the message simple.

Pictures

- Pictures should be simple. Too much detail in a picture can be very confusing for low literacy learners. Sometimes a simple drawing is preferable to a photograph because a photograph can look cluttered or confusing
- If your learners have experienced the trauma of war or other violence and pictures in which body parts are depicted as if detached from the rest of the body might cause them discomfort, choose a different picture.

Cultural sensitivity

Some materials may be written with one cultural group in mind, so they might contain cultural references or illustrations that could be considered insensitive or just plain confusing to others.

- If learners have religious or cultural beliefs such that they would be uncomfortable seeing pictures of body parts unclothed, or reading about particular health topics, choose materials without those pictures or reading sections, or arrange a way for the students in question to do some other productive work as the rest of the class uses the materials. You might want to consult with those students as to how they would like to use the class time.
- If all the people depicted in a brochure are of one race or ethnicity, and your students are of others, try to find a brochure that depicts people more reflective of your student population, or at least a diverse population.
- Look for materials on nutrition which allow for variations in diet across cultures. If your students prefer rice or potatoes to bread or cereal in their daily diet, for example, see if you can find information which mentions their preferences or is general enough to include them. Also, be mindful of dietary restrictions in some cultures and religions.

Relevance

In addition to being culturally relevant, materials should be relevant to learners' life situations. For example:

- If a brochure suggests something like going to the gym several times a week and your learners don't have access to a gym or don't have time to go to one between jobs and family responsibilities, look for a more appropriate brochure.
- If a brochure refers to regular check-ups with your family physician but your learners don't have the luxury of a family physician or regular check-ups, choose another brochure. Look for materials that refer to clinics as well as doctor's offices.

- If you are presenting printed information in a brochure that stresses the importance of seeing a health care provider to test for or check on a condition, make sure you bring information to class about a low-cost provider in your area for students who might need it. Receiving information on what care to get with no information about how to access that care may frustrate some students.

6. Online Resources for Teaching Health to Adults

Web sites are categorized in this section as follows:

For Instructor Reference

Teaching health literacy

Health trends and practices in different cultures

Medication and medication safety

Health Care in Virginia

Payment for care

Food/Nutrition

Brochures/pictures on assorted health topics

Domestic violence

Specific health Conditions

Women's Health

Health and Aging

Web Sites for Adult Basic Education Learners

Assorted health conditions

Medication safety

First aid

Domestic violence

Nutrition

Anatomy

Health literacy

Payment for care

Stress and mind-body connection

Website for ESOL and Beginning Literacy Learners

Sites with assorted health topics and activities

HIV-AIDS

Nutrition

Regional health and health care in Virginia

Websites for ABE and ESOL Teacher Reference

Note: For health curricula developed by Virginia adult education programs, see Section D, Curriculum Resources (pages 91-114) in this Toolkit. See "Web Sites for Adult Basic Education Learners" (page 75) for additional health information reference sources. Some of the sites listed here for teachers may contain materials that learners can use, but you may need to examine them first to find the materials appropriate for your students' level and information needs.

Teaching health literacy:

http://www.gse.harvard.edu/~ncsall/fob/2002/wel_feb.html

Focus on Basics. An issue devoted to the topic of health literacy and adult education. ABE and ESL approaches to health literacy instruction are discussed.

<http://www.sabes.org/resources/fieldnotes/index.htm>

Field Notes, Health Literacy Issue. Published by the Massachusetts System for Adult Basic Education Support (SABES). Contains informative articles on teaching health in adult education, with many ideas for teaching, answers to program concerns, and resources.

<http://www.cal.org/ncle/digests/healthlitQA.htm>

Health Literacy and the Adult ESL Learner. An *ERIC Digest* that defines health literacy as it relates to LEP learners. Gives lesson ideas and suggestions for approaching sensitive health topics in class. (Included in this Toolkit on page 37).

<http://ericacve.org>

ERIC Digest No. 245: Health Literacy beyond Basic Skills by Sandra Kerka. This excellent new digest examines the different issues that contribute to health literacy for all adults, such as differences in cultural beliefs, personal communication styles, age, situational stress levels, and cyberliteracy skills.

<http://www.hsph.harvard.edu/healthliteracy/>

Harvard Health Literacy Studies Program. An extremely informative site, it contains a video, slide presentation, and research reports on adult health literacy, its impact, and how it can be addressed. It also contains links to teaching and health information materials.

http://www.health.state.mn.us/divs/dpc/adps/images/refugee/h_gdbook.pdf

Health Guide for Refugees in Minnesota. This health care guide contains valuable information for any adult educator who works with refugees and other limited English speakers. Information is provided on preventive care, questions to ask health care providers, payment for care, prenatal care, mental health, dental and eye care, patients' rights and responsibilities, refugee health care procedures, and patient interaction with health care interpreters. While some information is Minnesota-specific, much is applicable to U.S. health care in general.

<http://www.sabes.org/health/index.htm>

SABES Health Page. A web page for program directors and teachers from the Massachusetts System for Adult Basic Education Support. It explores reasons to teach health in ABE programs and provides suggestions for a participatory approach to health instruction.

<http://www.worlded.org/us/health/lincs/index.htm>

Health & Literacy Special Collection. A collection of links to health-related websites for instructors, tutors, and learners. Contains teaching materials (some generated by learners), curricula on specific health issues, and health information sources. Select sites with caution, as some (even those marked as easy-to-read) might be too difficult for learners with limited English.

<http://www.nelrc.org/changeagent/pdf/issue4.pdf>

The Change Agent, Health Literacy Issue. From the New England Literacy Resource Center, this February 1997 issue examines health in adult education from a social justice standpoint and presents lesson and project ideas.

<http://www.kumc.edu/service/acadsupt/edtech/gjames/amaliteracy/amafoundationstreams.htm>

American Medical Association Health Literacy training video. An online video made to sensitize health care providers to the health literacy issue. It is helpful for teachers to see a medical perspective on the health literacy problem.

<http://www.spring-institute.org/pdf/TraumaTips.pdf>

Tips for Teachers in Times of Trauma, Spring Institute. Provides teachers with suggestions for sensitive instruction in times of trauma. Gives useful information on working with refugees who may be experiencing re-traumatization.

<http://www.worlded.org/us/health/heal/healBccHtml/index.htm>

HEAL: BCC Curriculum. Lessons designed for ABE and ESOL on breast cancer and cervical cancer awareness. Interactive, with language skill integration. For intermediate-level speakers of English or higher.

<http://www.worlded.org/us/health/docs/elpaso/>

El Paso Collaborative Health Literacy Curriculum. Lessons on diabetes, breast health, menopause, lead poisoning, household hazards and nutrition. Not suitable for beginning readers of English.

Health trends and practices in different cultures:

<http://ethnomed.org/>

EthnoMed, University of Washington Harborview Medical Center. This ethnic medicine information site explores immigrant cultures, health beliefs, and customs.

<http://www.diversityinhealth.com/regions/index.htm>

Postgraduate Medical Council of New South Wales, Australia. Extensive cultural health profiles on immigrant populations in Australia, including refugees from all parts of the world.

<http://www.diversityrx.org/HTML/WEARE.htm>

Diversity Rx. A website with links to lots of information on diverse cultures and health care. It has a listserv that sometimes addresses adult education issues but is primarily used by medical interpreters.

<http://www.mentalhealth.org/Publications/allpubs/SMA-01-3613/sma-01-3613.pdf>

Mental Health: Culture, Race and Ethnicity. U.S. Surgeon General. Looks at mental health in different groups and disparities in prevalence and care.

<http://www.ncela.gwu.edu/newsline/outlook/2002/09.htm#PRACTICE>

Newsletter of the National Clearinghouse for English Language Acquisition and Language Instruction. This September 2002 issue focuses on mental health issues of immigrants and refugees.

Medication and medication safety:

<http://www.pharmacyandyou.org/aboutmedicine/med.html>

Pharmacy and You: Avoiding Medication Errors; American Pharmaceutical Association. Tips for taking medication safely.

http://www.fda.gov/womens/taketimetocare/Meds_Eng.html

Office of Women's Health, U.S. Food and Drug Association. My Medicines. This easy-to-read online brochure gives information on reading medicine labels, using medications safely, and asking questions about medications. It has a chart on which you can record your medication names, doses, frequency, and purposes.

<http://www.fda.gov/fdac/reprints/medtips.html>

FDA's Tips for Taking Medicines. Suggests questions to ask the doctor or pharmacist, and gives advice for taking medication safely.

<http://www.ftc.gov/bcp/online/pubs/health/generic.htm>

Generic Drugs: Saving Money at the Pharmacy. Federal Trade Commission. Questions and answers on generic drugs.

<http://www.ahrq.gov/consumer/ncpiebro.htm>

Prescription Medicines and You. Agency for Health Care Policy and Research. Gives advice on taking a proactive role in safe management of your medications.

http://www.pueblo.gsa.gov/cic_text/health/drug-interactions/druginte3.pdf

Drug Interactions: What You Should Know, Council on Family Health. This brochure describes different kinds of negative drug interactions, what questions to ask to prevent these interactions, and what you should look for on medication labels.

http://www.usp.org/frameset.htm?http://www.usp.org/information/just_ask/propuse.htm

What do You Need to Know...? U.S. Pharmacopeia. Gives advice on information to get before you take medicine and tips to follow while you are taking it.

<http://www.usp.org/frameset.htm?http://www.usp.org/information/programs/children/index.htm>

Children and Medicine. U.S. Pharmacopeia. Gives tips on teaching children about medications and links to brochures on the topic. The brochure "A Kid's Guide to Asking Questions About Medicine" could be adapted into a worksheet for low literacy adults.

Health Care in Virginia:

<http://www.rhpp.vt.edu/education.htm>

Rural Health Policy Program, VA Polytechnic Institute. This website provides health care data on all VA counties.

See additional websites on Virginia resources in the beginning of Section C and Appendices A and B.

Payment for care:

<http://www.healthinsuranceinfo.net/va01.html>

A Consumer's Guide to Getting and Keeping Health Insurance in Virginia. An online book of information on VA residents' insurance rights.

<http://www.ahrq.gov/consumer/hlthpln1.htm>

Choosing and Using a Health Plan. A guide from the federal Agency for Healthcare Research and Quality on different kinds of health insurance and how to choose the best plan for yourself and your family.

<http://www.cms.gov/immigrants/>

Center for Medicaid Studies, Immigrant Eligibility for Medicaid and SCHIP. A federal government webpage outlining immigrant qualification criteria for Medicare, Medicaid, and SCHIP.

<http://www.kff.org/consumerguide/>

Kaiser Family Foundation, Consumer Guide to Handling Disputes with Your Employer or Private Health Plan. (No relation to the managed care company!) Provides procedural information and other useful advice for appealing health insurance decisions via the insurance company and state insurance-regulating agencies.

<http://www.state.va.us/scc/division/boi>

Virginia Bureau of Insurance website. Explains how to lodge a complaint against your health insurer in the state of Virginia.

Food/Nutrition:

<http://www.nal.usda.gov/fnic/Fpyr/pyramid.html>

Food Guide Pyramid, Food and Nutrition Information Center. Scroll down to "Food Guide Pyramid Graphics" for a selection of pyramid pictures to choose from. Continue further down for a selection of "ethnic/cultural pyramids."

<http://www.gti.net/mocolib1/kid/food.html>

Morris County (NJ) Library/Global Telecomm, Inc. The Food Timeline. This timeline tells when many food and beverages are first known to have been used in history. Clicking on the food or beverage name links to other sites with information about the item's history and uses.

Brochures/pictures on assorted health topics:

<http://www.doh.wa.gov/here/educate.html>

Camera-Ready Health Education Materials, from the Health Education Resource Exchange. PDF versions of simple health brochures on topics like stress, cholesterol, exercise, high blood pressure, etc.

<http://itsa.ucsf.edu/~hclinic/handouts.dir/lowlit.dir/lowlit.html>

UCSF Low Literacy Patient Information Handouts. Illustrated, easy-to-read handouts on 17 first-aid and condition-related topics. Originally designed for use in a clinic for homeless people in San Francisco.

<http://sln2.fi.edu/biosci/heart.html>

Franklin Institute. The Heart: An Online Exploration. This site has challenging text but many clear pictures of the heart, circulatory and other body systems.

Domestic violence :

<http://www.dcjs.state.va.us/victims/documents/domviobr.pdf>

An Information Guide for Domestic Violence Victims in Virginia: Understanding the Legal Process. This guide gives clear and helpful

information about the legal protection available for victims of domestic violence in Virginia and explains what they can expect to happen in court.

<http://www.vadv.org>

Virginians Against Domestic Violence. This website has helpful information on getting help for domestic violence in Virginia, including a directory of the state's domestic violence programs.

<http://www.ndvh.org>

National Domestic Violence Hotline website. Contains extensive information on domestic violence and hotlines. There is information for victims, their friends and relatives, teens who are entering the dating world, and children who witness domestic violence.

http://www.brown.edu/Departments/Swearer_Center/Literacy_Resources/screen.html

On the Screen. Links to multimedia resources on the impact of violence and trauma in adult learning.

www.dvsheltertour.org

Domestic Violence Shelter Tour. Gives an easy-to-read tour of a domestic violence shelter so viewers will understand what is offered in a shelter and what people go through who leave a domestic violence situation.

<http://www.nald.ca/fulltext/pat/SoNmar97/cover.htm>

But I'm Not a Therapist: Literacy Work with Survivors of Abuse. An issue of the *Feminist Literacy Workers' Journal*.

Specific health Conditions:

These sites vary in complexity of language. Some may be useful for learners, but many may not. They provide well-researched background information instructors can use for making simplified learning materials and answering learners' questions.

<http://medlineplus.gov/>

***Medline Plus is a good place to start for any health condition.

National Library of Medicine. Plain English explanations of many diseases and drugs. Contains easy-to-follow slide shows for some conditions.

<http://www.noah-health.org/>

New York Online Access to Health (NOAH). Presents vast directory of links on many diseases and other health issues. Information provided in English and Spanish. Well-organized site.

<http://www.healthfinder.gov/>

Department of Health and Human Services. Gives health risk information for gender, age, race, and ethnicity. Special sections for parents and children.

<http://health.nih.gov/>

Health Information directory, National Institutes of Health.

<http://www.nhlbi.nih.gov/actintime/index.htm>

Act in Time to Heart Attack Signs; National Heart, Lung and Blood Institute.

<http://www.cancer.org/docroot/home/index.asp>

American Cancer Society home page

<http://www.nami.org/>

National Alliance for the Mentally Ill. Provides information on different mental illnesses and their treatment.

<http://www.nhlbi.nih.gov/hbp/index.html>

Guide to Lowering High Blood Pressure; National Heart, Lung and Blood Institute

<http://www.americanheart.org>

American Heart Association

<http://www.diabetes.org/main/application/commercewf>

American Diabetes Association

<http://www.lungusa.org/>

American Lung Association

<http://www.komen.org/bci/>

Susan G. Komen Breast Cancer Foundation

<http://www.nhlbisupport.com/bmi/bmicalc.htm>

Body Mass Index calculation tool, National Institutes of Health

<http://familydoctor.org/>

Family Doctor, American Academy of Family Physicians

<http://www.niams.nih.gov/hi/index.htm>

National Institute of Arthritis and Musculoskeletal Diseases (NIAMS)

<http://www.cdc.gov/hiv/pubs/faqs.htm>

HIV/AIDS Frequently Asked Questions, Center for Disease Control and Prevention

<http://www.ada.org/prof/pubs/jada/pat-page.html>

"For the Patient," Journal of the American Dental Association

<http://www.nationalmssociety.org>

National Multiple Sclerosis Society

<http://www.niddk.nih.gov/health/eztoread.htm>

Easy-to-read information, National Institute for Diabetes & Digestive & Kidney Diseases

Women's Health

Be sure to look at www.medlineplus.gov and www.noah-health.org for many more sites on women's health.

<http://www.ahrq.gov/consumer/healthywom.htm>

Agency for Healthcare Research and Quality. Women: Stay Healthy at Any Age. This easy-to-read article provides a list of screenings that women are advised to have, the ages when they are appropriate, and a screening checklist. It also offers advice on good preventive health practices for women.

<http://www.4women.gov>

National Women's Health Information Center. Frequently Asked Questions About Women's Health. A very extensive collection of questions and answers, organized by topic, on women's health issues.

<http://www.girlpower.gov/>

U.S. Department of Health and Human Services. Parents might be interested in this site for future women, ages 9-14. This website aims to help girls maintain reinforce positive health values in girls as they enter adolescence.

<http://www.plannedparenthood.org/GUIDEPARENTS/firsttrip.html>
Sexuality Guides for Families: The First Trip to the Gynecologist. This clearly written site tells what one can expect in an initial gynecological exam.

http://www.holyname.org/health_information_resources/health_manuals/Women/index.htm

Holy Name Women's Health Manual. Holy Name Hospital, Teaneck, NJ. This well-organized, easy-to-navigate manual gives basic information on women's health through the life span. It contains a useful glossary of women's health terms.

<http://www.nytimes.com/pages/health/womenshealth/index.html>
Women's Health articles in the New York Times Newspaper. Articles on topics of current interest in women's health.

Men's Health

Be sure to look at www.medlineplus.gov and www.noah-health.org for many more sites on men's health.

http://www.holyname.org/health_information_resources/health_manuals/Men/index.htm

Holy Name Men's Health Manual. Holy Name Hospital, Teaneck, NJ. This well-organized, easy-to-navigate manual gives basic information on men's health through the life span. It contains a useful glossary of men's health terms.

<http://www.health.nsw.gov.au/health-public-affairs/mhcs/publications/3465.html>

How Men Can Improve their Health, New South Wales (Australia) Health. This short article explains why men tend to be less healthy than women and how they can address health issues. Translations are available in 14 languages.

Health and Aging

<http://www.aarp.org/health/>

AARP Health and Wellness webpage. This site gives extensive information on health and health care needs of the aging, including sections on check-ups

and prevention, nutrition, insurance and Medicare, purchasing and using prescription drugs, managing stress, and exercise.

<http://www.ahrq.gov/ppip/50plus/>

Agency for Healthcare Research and Quality. Staying Healthy at 50+. This guide offers information on screening, preventive care, immunizations, and communication with health care providers for the aging.

Websites for Adult Basic Education Learners

The following websites assume considerable vocabulary and some literacy in English. Primarily they are suited to native English speakers, but some may be useful for higher level ESOL learners. Some may be suitable for learners to use themselves; you can use others as reference tools for making simplified class materials.

Assorted health conditions:

<http://www.fda.gov/opacom/lowlit/englow.html>

Easy-to-Read Publications, from the U.S. Food and Drug Administration. "Plain English" brochures on a variety of health topics.

<http://medlineplus.gov>

Medline Plus. Health information from the National Library of Medicine. Has easy-to-read format and plain language; gives simplified information on drugs, diseases, health dictionaries, etc.

<http://www.yourcancerrisk.harvard.edu/>

Harvard Center for Cancer Prevention. Your Cancer Risk. This easy-to-use site has interactive tools to assess your personal risk for 12 kinds of cancer. You plug in simple personal health history and it gives you your estimated risk and advice for lowering the risk.

<http://www.apma.org/selfassess.html>

The Foot Health Foundation of America. Self-Assessment Quiz: How Fit are your Feet? This short interactive quiz shows your risk of future foot problems. Vocabulary is complex for some questions, but useful to learn for many health situations.

www.fhradio.org

Family Health Radio, University of Ohio College of Osteopathic Surgeons. This site contains a variety of 2½-minute audio stories on health topics, with new stories added regularly.

<http://www.nald.ca/CLR/nowiknow/nowiknow.PDF>

Now I Know Manual. A very reader-friendly manual compiled by an adult literacy network in Nova Scotia. Explains a large number of common health conditions in easy-to-read language. Contains comprehension, phonics, and vocabulary development activities.

<http://www.nald.ca/CLR/sick/cover.htm>

Sick But Not Scared. An online Canadian children's book that describes many health conditions in clear, simple terms.

<http://www.pbs.org/wnet/redgold/index.html>

PBS. Red Gold: The Epic Story of Blood. This well-organized site tells you everything you could possibly want to know about blood. Some texts are lengthy, but if small sections of text are selected, vocabulary and sentence complexity may be suitable for higher readers.

http://americanhistory.si.edu/anatomy/bodyparts/nma03_bodyparts.html

Smithsonian National Museum of American History. Body Parts: How Well Do You Know Your Anatomy? This interactive site shows you a picture of a portion of an internal organ, and you have to click on the picture of the whole body to show where the organ is located. The game gives you feedback, including the names, full pictures and locations of the 10 organs under question. Most of the organs are well-known, but some names are a little trickier.

<http://www.tv411.org/index.shtml>

TV 411. The Health section of this website has readings on several health topics. Passages are not long, but they contain some idiomatic language that might be confusing for LEP learners.

<http://www.firstfind.info/default.html>

First Find. A website that serves as a directory of easy-to-read websites. It links to easy-to-read health materials on other sites.

Medication safety:

http://www.fda.gov/womens/TakeTimeToCare/Meds_Eng.html

My Medicines, Food and Drug Administration. This brochure has basic information on medication safety, a checklist for over-the-counter drugs the learner uses, and a chart to fill out medications the learner is taking, their uses, doses, and times. While learners might not wish to fill out accurate information in class, the teacher could provide them with made-up information so they can practice filling in the chart and checklist.

First aid:

www.vbgov.com/dept/ems/firstaid/

Virginia Beach Emergency Medical Services site on first aid. Some topics are easier than others, but pages contain useful charts on what questions to ask in different emergency situations, and some pages have simple steps and illustrations that can be used with discretion in class.

Domestic violence:

www.dvsheltertour.org

Domestic Violence Shelter Tour. Gives an easy-to-read tour of domestic violence shelter so viewers will understand what is offered in a shelter and what people go through who leave a domestic violence situation.

Nutrition:

<http://www.umass.edu/nibble>

Nutrition Information Bulletin Board and Learning Experience (NIBBLE), University of Massachusetts. Includes easy readings on nutrition, an interactive diet assessment tool, and quizzes.

Anatomy:

<http://www.innerbody.com>

Inner Learning Online. Interactive lesson on internal human anatomy.

Health literacy:

http://abcnews.go.com/sections/wnt/DailyNews/health_literacy020922.html

ABC news story. An ABC TV news story on adult health literacy from September 22, 2002.

Payment for care:

<http://www.ahcpr.gov/consumer/insuranc.htm#head27>

Check-up on Health Insurance: Understanding Health Insurance Terms, Agency for Health Care Policy and Research. A plain English glossary of health insurance vocabulary.

Stress and mind-body connection:

<http://www.teachhealth.com/>

The Medical Basis of Stress, Depression, Anxiety, Sleep Problems, and Drug Use. An online book on the effects of stress. Contains checklists for reader self-reflection. Written in a light, reader-friendly tone.

Websites for ESOL and Beginning Literacy Learners

Note: Higher readers in intermediate and advanced ESOL classes might be able to use some of the sites listed on the previous pages for ABE Learners.

Sites with assorted health topics and activities:

<http://literacynet.org/vtd/>

Visiting the Doctor: Lessons in Language and Culture. An interactive site for ESOL learners. Students can learn about communicating with health care providers in the US and do a variety of reading, writing and comprehension activities on health topics. Has tips for teachers on how to use the site.

<http://www.alri.org/esquare/>

E-Square. This site by Massachusetts adult students contains activities and learner-generated stories about various health topics.

<http://www.cal.org/ncle/health/>

Picture Stories for Adult ESL Health Literacy, National Center for ESL Literacy Education (NCLE). Contains easy-to-follow picture stories and complete lesson plans on access to affordable health care, language barriers in health care, domestic violence, and stress. Also gives background information on these topics for instructors. For all levels of ESOL learners. Lesson plans could be adapted for use with native English-speaking literacy learners.

www.otan.dni.us/webfarm/emailproject/rem.htm

International Home Remedies. ESL students have sent in stories on home remedies to this site. Your students can talk about the ones they read there and send in their own. Materials are for a variety of reading levels.

<http://www.pbs.org/pioneerliving/health/index.htm>

PBS Pioneer Living ESL Health and Safety Lessons. Stories and vocabulary on going to the hospital, medical mistakes, ethnic health issues, and more.

www.esl-lab.com

Randall's ESL Cyber-Lab. This site has a large and diverse collection of online listening activities. Look through the list for several selections on health and communicating with the doctor. A very useful resource for students who finish other work early.

www.aitech.ac.jp/~iteslj/questions/health.html

Internet *TESL Journal* site. Conversation topics for the whole class or small groups.

www.aitech.ac.jp/~iteslj/cw/1/vm-medical.html

Internet *TESL Journal* site. Use the crossword puzzle on medical terms.

HIV-AIDS:

<http://iteslj.org/quizzes/holidays.html>

Internet *TESL Journal* site. Click on html-only quizzes - misc. Look under Reading Comprehension for 2 activities on HIV/AIDS.

Nutrition:

http://www.dairycouncilofca.org/activities/pyra_main.htm

Food Pyramid Game, Dairy Council of California. Learners drag food group names to the correct part of the pyramid, then identify how many servings of each they should eat daily.

<http://www.scottforesman.com/resources/health/hpyramid.html>

The Food Pyramid Activity. Learners choose foods to eat in a day and the computer tells them if the foods fit with the Food Guide Pyramid recommendations or not.

<http://monarch.gsu.edu/nutrition/download.htm>

Nutrition Education for New Americans Project. Learners can find their native language, click on it, and get information in their native language on good nutrition.

Regional health and health care in Virginia

<http://www.webesl.com/>

Albemarle County Adult Education Web Project. This site gives explanations of important health information such as how to access care, how to find a doctor, poison control, care for the disabled, etc. Readings are suitable for higher level ESOL and basic literacy learners.

<http://www.charlottesville-esl.org>

Charlottesville ESL Website. By clicking on the health link on this website, you can access information on local health organizations, emergency care, recreational opportunities and health food stores, as well as information on paying medical bills and health-related rights. You can also see student writings on health topics, and the program's health curriculum.

7. Print Resources for Teaching Health to Adults

A word about adult literacy textbooks

A wide variety of life skills-oriented adult literacy textbooks contain health units. However, issues of access to care, specific health conditions, preventive care and U.S. health care culture tend not to be covered in much depth, if at all.

Health books for adult literacy learners

The following are an assortment of books on health topics which are suitable for ESOL and/or ABE instruction. Some are in workbook format, others are works of fiction which introduce important health topics, and others are simplified non-fiction on health. All go into more depth on topics of importance to learners than is traditionally the case in health units of adult literacy textbooks.

- Brems, M., Devonshire, T., & Jones, J. (1994) *Take care of yourself: A health care workbook for beginning ESL students*. Englewood Cliffs, NJ: Prentice Hall-Regents. While definitely not for ESL beginners or other learners with beginning literacy, this workbook provides readings and activities on a variety of health topics, such as exercise and nutrition, emergency services, vision and dental care, childhood diseases, AIDS, and baby care. Grammar and communication activities are incorporated.
- Channing Bete. (1997) *Stress management: Self-care handbook*. South Deerfield, MA: Channing Bete. Distributed by Channing Bete and Grass Roots Press.
- Dodd, J. D., et al. (1997). *Beyond prescriptions: Meeting your health needs*. Prince Edward Island, Canada: Women's Network, Inc. Distributed by Grass Roots Press. A workbook which helps learners gain a holistic understanding of personal health.
- Dodd, J. D., et al. (1997). *Is it hot in here?* Prince Edward Island, Canada: Women's Network, Inc. Distributed by Grass Roots Press. A reader-friendly, informative handbook on menopause for women and their families.
- Faine, M. (1993). *Lan is sick*. Available from Peppercom Press. This Canadian reader is a simple, repetitive story on health for low literacy

readers, basic but with enough content to promote discussion of a range of health and access to care issues.

- Gould, L. (2000). *Stress*. Edmonton, Canada: Grass Roots Press. A beginning literacy reader for adults about one woman's stress and her efforts to cope with it.
- Johansen, E., O'Connor, J., and Stackhouse, D. (1998). *You and your health*. Portland, Maine: Walch Publishers. Reproducible, leveled (beginner and intermediate) ESL activity books on assorted health topics, such as nutrition, balancing work and leisure, finding a doctor, and preventive health practices.
- Kimball, R. (1999). *Things to know about medicine and health*. Portland, Maine: Walch Publishers. This book contains reproducible readings, dialogues, problem-solving and discussion activities designed for intermediate and advanced ESOL learners. Broken down into "teacher pages," "activity pages" and "reading pages," the book contains lessons on different kinds of health care, accessing care, healthy behaviors, health conditions and health issues across the life span.
- Reiff, T. (1992). *Handle with care*. Parsippany, NJ: Globe/Fearon. This story of a nursing aide who has problems reading medical signs and writing information in her job illustrates the importance of reading and writing accurately in health care situations. Readability level 4. Available from Globe/Fearon (Pearson).
- Reiff, T. (1995). *Emergency*. In *That's life*, Book 1. Belmont, CA: Lake Education. A combination story/cartoon book about a family that finds themselves in a health care emergency. Introduces opportunities to discuss a variety of issues, including financial concerns relating to health care. Due to frequent use of idiomatic expressions and humor that might be considered culture-specific, the book is probably best used with native speakers of English. The author cites a readability level of 3-4. Available from AGS/American Guidance Services.
- Reiff, T. (1995). *In a Family Way*. In *That's life*, Book 4. Belmont, CA: Lake Education. A combination story/cartoon book about a family awaiting an unplanned baby. Introduces opportunities to discuss topics such as prenatal nutrition and check-ups as well as budgeting. Due to

frequent use of idiomatic expressions and humor that might be considered culture-specific, the book is probably best used with native speakers of English. The author cites a readability level of 3-4.

- Rose, R., & Elrich, T. (1993). *Heart to heart: A learner-centered curriculum sample*. Snow Camp, NC: Peppercorn Press. Samples of lessons and writings from a senior adult literacy class's study of heart disease and prevention, illustrating students' personal experiences in relation to the disease. The curriculum sampler offers easy-to-replicate ideas for a simple, participatory approach to studying health conditions with adult literacy learners.
- Silc, K. (1997). *ESL for farm safety*. Arlington, VA: Association of Farmworker Opportunity Programs. Available from publisher. A low literacy text that teaches farmworkers about pesticide and farm safety.

- **New Readers Press Health Literacy Series**

New Readers Press publishes the following titles on health topics. All were written in collaboration with medical professionals for between 4th and 6th grade reading levels.

- *About Cancer*
- *The Childbearing Year*
- *Eating Right*
- *Getting Good Health Care*
- *Having a Baby*
- *Managing Stress*
- *Women's Health*
- *You Can Give First Aid*

- **What To Do series:**

This series from the Institute for Healthcare Advancement is written for readers between 3rd and 4th grade reading levels. The language is jargon-free and texts are organized simply in a question and answer format. Available from publisher.

Barnett, A.; Rushton, N.; & Mumaw, L. (2001). *What to do for senior health*. Whittier, CA: Institute for Healthcare Advancement.

Mayer, G., & Kuklieris, A. (2000). *What to do for teen health*. Whittier, CA: Institute for Healthcare Advancement.

Mayer, G., & Kuklieris, A. (2002). *What to do when your child gets sick*. Whittier, CA: Institute for Healthcare Advancement.

Mayer, G., & Kuklieris, A. (2001). *What to do when you're having a baby*. Whittier, CA: Institute for Healthcare Advancement.

Books on culture and health:

Deng, F. M. (1972). *The Dinka of the Sudan*. Prospect Heights, IL: Waveland Press. Describes the cultural beliefs and traditions of the Dinka, including beliefs on illness, the life process, and dying.

Fadiman, A. (1997). *The spirit catches you and you fall down*. New York: Noonday Press. A fascinating account of the cultural misunderstandings that led to tragic results in the 1980s in California, where a Hmong infant was being treated for seizures.

Galanti, G. (1997). *Caring for patients from different cultures*. Philadelphia: University of Pennsylvania Press. Relates 172 case studies of cultural conflicts that occurred in U.S. hospitals.

Kassindja, F., & Bashir, L. (1999). *Do they hear me when I cry?* New York, NY: Dell. The true story of a young African woman who sought asylum in the United States to escape the common practice of female circumcision in her native country.

McGoldrick, M., Giordano, J., & Pierce, J. (Eds.). (1996). *Ethnicity and family therapy*. New York: Guilford Press. Covers the cultural considerations of mental health and family dynamics for more than 40 ethnic groups.

Pipher, M. (2002). *The middle of everywhere: The world's refugees come to our town*. New York: Harcourt. While this book is not specifically about health, it reveals a lot about refugee psychological adjustment to resettlement, and different aspects of the life cycle for refugees.

Winberg, C. (1999). *Teaching primary health care*. Available from Peppercom Press. This South African health education book is potentially interesting to

ESOL teachers because it reveals public health interests and health education practices as they are conducted in a different, less affluent, less technologically advanced society. It gives a little perspective on similarities and differences in health perceptions between the U.S. mainstream health care system and systems in other countries.

8. Potential Collaboration and Funding Resources

Funding specifically earmarked for health literacy initiatives is not plentiful in adult education. It is helpful to consider that funding for health literacy efforts in your program need not come from health-related funding sources alone. For example, many programs in the United States have produced health curricula or projects with funding designated for civics or family literacy purposes. Health education can be incorporated into many different literacy areas.

Thus far much funding dedicated to improving health literacy has gone to community health organizations and public health educators within the health care field. **Adult education is new or undiscovered terrain for many funders of health literacy and access to care-related initiatives.** However, if a compelling case is presented for funding adult education health literacy initiatives, adult education could receive more health literacy funding in the future. The following are some foundations that fund community health promotion-related proposals.

Potential funders:

AMA Foundation (an offshoot of the American Medical Association). The AMA Foundation has started a Health Literacy Grants and Awards Program. Some grants are awarded to community alliances and organizations working on health literacy projects.

Website: <http://www.ama-assn.org/ama/pub/category/8122.html>
Address: c/o American Medical Association
515 N. State Street
Chicago, IL 60610
312-464-5000

Robert Wood Johnson Foundation. The RWJF works on improving health and health care in the U.S. It posts calls for proposals on its website and occasionally funds unsolicited proposals that fit with priorities of the foundation.

Website: www.rwjf.org
Address: The Robert Wood Johnson Foundation
PO Box 2316
College Road East and Route 1
Princeton, NJ 08543-2316
Phone: (888) 631-9989

William R. Kellogg Foundation. The WRKF funds some health and higher education proposals. Submit applications online.

Website: www.wkkf.org

Address: W.K. Kellogg Foundation
One Michigan Avenue East
Battle Creek, Michigan
49017-4058
USA

Phone: (269) 968-1611

Pfizer Foundation (a charitable organization established by the pharmaceutical company, Pfizer, Inc.). The Pfizer Foundation has a Health Literacy Initiative in which it awards grant money for community projects that address health literacy needs. Contact the Pfizer Health Literacy Initiative Grants Program at 1-888-457-3033.

Foundations in Virginia:

The Community Foundation. This foundation serves the Richmond and Central VA area. It funds some projects aiming to increase access to health care and improve health education.

Website: <http://www.tcf-richmond.org/index.cfm>

Address: The Community Foundation
7325 Beaufont Springs Drive
Suite 210
Richmond, VA 23225

Phone: 804-330-7400

The Virginia Health Care Foundation. This foundation's mission is to promote and fund "local public-private partnerships which increase access to primary health care services for Virginia's uninsured and medically underserved."

Website: <http://www.vhcf.org>

E-mail: info@vhcf.org

Address: Virginia Health Care Foundation
1001 East Broad Street, Suite 445
Richmond, Virginia 23219

Phone: 804-828-5804

9. Potential Community Partners for Health Literacy Efforts

More mileage can come to your program's health education efforts if you enter into partnership with area health care providers, educators, and training institutions. Below is a list of possible partners you might want to contact in your program's community.

Public health clinics

Public health nurses

Public health educators

Health care social workers

Area Health Education Center (AHEC) branches. AHECs are federally-funded agencies that work on health issues relevant to their region.

Local American Medical Association Foundation members

Cross-cultural education agencies

Hospitals. Many hospitals have employees and funding for health education and community outreach. Contact a public relations representative of a local hospital to see what they can offer for your students (e.g. assistance with a health fair, a hospital tour, a presentation on a health topic important to your learners).

Medical and nursing schools. Medical and nursing students need training in sensitivity to health literacy and cultural diversity among their future patients. It is in the interest of these professional schools to bring your students and their students together. Expect scheduling a meeting or visit to take some effort, as no doubt medical and nursing students are very busy.

Social service organizations

Nonprofit organizations working on health-related issues (e.g., an HIV clinic, medical or nursing schools, associations focusing on individual ailments such as diabetes or cancer)

Churches and other religious institutions

Pharmacies

Community centers

Section D: Teaching Health Topics

- 1. Approaching Health Curriculum Design**
- 2. Curriculum Content Ideas**
- 3. Teaching Approaches**
- 4. Instructional Supports: Resources and Activities for Increasing the Effectiveness of Health Instruction**
- 5. Curriculum Resources**

1. Approaching Health Curriculum Design

Designing a health curriculum can be an exciting, creative process because of its importance and high interest for learners, and also because of the instructional versatility that is possible with a health focus. Health instruction lends itself to a number of rich teaching approaches and beckons learner involvement in the adult classroom. To best serve a program's learners and instructors, certain decisions should be made before embarking on the curriculum writing process. Below are some issues to consider when developing a health curriculum.

- How much time can you realistically give to health in classes in one term and still cover other necessary life skill topics and program requirements? One solid week? Parts of two classes a week for 2 weeks? A month? How might teachers incorporate health into one class period? Would health be the sole focus for the day's learning? Would the class period be divided into sections, with health being covered for part of the time? Knowing the amount of time you have for health content can help you determine content priorities, how much health to include in the curriculum, and recommendations for structuring its presentation and practice.
- Will your health curriculum stand alone, or will you create it as part of a larger life skills curriculum? Will you focus on one health topic in depth, or will you offer a broad selection of health and health care issues in the curriculum? Will all health topics be covered, or will needs assessment be used to target learners' priorities?
- What structure will work best for the curriculum? Would a looser form like a framework be preferable, or a more structured form with detailed lesson plans? Would it be best to specify the language skills and grammar content to integrate with the health lessons or to let instructors decide this?
- Who will write the curriculum? An individual? A team? If a team, how will members' work be divided? How will their interaction be structured throughout the writing process?
- How will curriculum writers get feedback on their work throughout the writing process? What is the best way to pilot the new curriculum in your program? How will feedback from piloting be incorporated into the final product?
- How will learner needs be assessed at the different levels in your program to ensure that the health curriculum is relevant and

appropriate? Will learners be surveyed? Interviewed? Or will in-class discussions provide enough information? Will community health educators and care providers be consulted?

- If the curriculum is to provide specific health information, how will writers obtain and verify the information? Will they consult with health care professionals? Will they do research on the Internet?
- What teaching approach best fits your learner population? Is a participatory approach best? Is more teacher guidance preferable? Or would a combined approach be more effective? Is one approach better for higher levels and another better for lower levels?
- What introduction to health instruction do teachers in your program need? Do you want to design a training to accompany the curriculum? Do you want to write a curriculum introduction to advise teachers about teaching health? Or perhaps a separate training manual on the topic?
- What other instructional support do you want to provide in the curriculum? Reproducible handouts? Suggestions of realia? Information on conducting class needs assessments about health? A list of community health resources? A list of possible guest speakers? Lists of websites and publications on health topics? Articles with background information on health and health care issues which are likely to be common among learners?
- For high school continuation and GED preparation curricula, what related content areas do you want to incorporate into the study of health topics? Do you want to include math skills development? If so, what preliminary work on math skills will need to be factored in for learners to have success with the health lessons? Do you want to include science? If so, how?

2. Curriculum Content Ideas

It is important to note that a more prescriptive approach is sometimes beneficial for beginning level English learners and new arrivals to the United States. Such learners might not be able to articulate what it is they need to know because they are not aware of what is available or necessary in the United States. For example, an uninsured, low-income learner might live close to a free clinic, but if he is unaware that such things as free clinics exist, he might not know to ask about local affordable care sources. He might assume that the emergency room is his only option for medical care. Fear of exposing undocumented status also might make some learners hesitant to ask what affordable care they can qualify for. As a rule of thumb, teachers of beginning-level ESOL learners and new arrivals to the United States might want to touch upon the following in health instruction:

- How to access local affordable care.
- What care options exist in addition to emergency rooms.
- Basic information about patients' rights, such as the right to an interpreter, the right to ask the health care provider questions, the right to a second opinion, and the right to *ask* for a reduced hospital bill or payment plan.
- Basic information on patients' responsibilities, such as being on time for appointments, knowing about your family's medical histories, practicing preventive care, and paying for your health care.

Other common health topics that may be relevant for your adult education learners:

- Defining health
 - What is the mainstream U.S. medical understanding of health? Of disease?
 - What are understandings and explanations of health and disease in other belief systems and cultures?
- Using medication (over-the-counter and prescription)
 - Asking questions at the doctor's office and pharmacy
 - Reading labels
 - Understanding dosages and frequency, including for different ages
 - Understanding uses and doses of alternative medicines (e.g., vitamins, herbal medicines, homeopathic medicines)
 - Understanding about side effects and drug interactions
- Illnesses which disproportionately affect minorities in the U.S. such as:

- Diabetes
- Breast and cervical cancer
- Cardiovascular disease
- High blood pressure
- HIV/AIDS
- Asthma
- Preventive care in depth
 - What is preventive care?
 - Exercise (What constitutes exercise? How much is beneficial? What can different kinds of exercise address? E.g., strength training, cardiovascular improvement, relaxation, flexibility, energy)
 - Nutrition
 - Preventive medical tests
 - Mind-body connection
 - Emotional health, spiritual health
 - Making a personal preventive care plan
 - Complementary, alternative, and traditional care beliefs and practices
- Communication with health care providers
 - Asking questions about treatment and surgery
 - Clarifying medical information
 - Clarifying medical instructions
 - Asking for treatment alternatives
 - Arranging payment
 - Scheduling appointments
- Navigating managed care
 - What is self-advocacy? How can you be proactive?
 - Health insurance forms
 - Health insurance terms
 - Finding a provider
 - Calling the health insurance company
 - Appealing a decision
 - Pointing out a mistake
- Anatomy
 - Internal organs, body systems
 - External parts
- Finding health information on the Internet and in the media
 - What is good, reliable information? What is not?
 - How do you search for health information on the Internet?

- Conflicting information, e.g., on whether certain foods or medicines are safe or harmful to your body
- Research a health topic and present it to others
- Kids' health and parents' responsibilities
 - Preventive care for kids
 - Dental health for kids
 - Different stages of child's health
 - Childhood obesity, need for physical activity
 - Good nutrition in a new country
 - Talking with kids about sex (especially when kids' parents are from another culture. The kids may be torn between influences from their parents' culture and mainstream American culture).
 - First aid
 - ADD/ADHD
 - Recognizing and treating stress and trauma reactions in children
 - Methods of discipline vs. child abuse
 - Managing intergenerational conflict, including in bicultural families
- Mental health
 - What is mental health?
 - Common conditions, e.g. stress, depression, anxiety
 - Cultural practices (e.g. treatment is acceptable and available in the U.S., whereas in many other countries it is unacceptable and/or unavailable)
 - How to access local mental health care
 - What is self-esteem?
- Dental care
 - What is good dental care?
 - Why is it important?
 - Available affordable services
- Resources for hearing and vision problems
 - Where and how can you get your vision checked?
 - Where and how can you get your hearing checked?
 - What costs are likely to be involved?
- Financial and legal issues in health care
 - Workers' compensation
 - Workplace safety
 - Rights (e.g., to appeal health insurance decisions, to get a second opinion, to have an interpreter)
 - Determining payment options

- Culture and Health
 - Health beliefs in different cultures
 - Health care in different cultures
 - Health beliefs and practices in bicultural families
 - What makes up a good health care system?
- Women's health
 - Reproductive system
 - Prenatal care
 - Menopause
 - Breast exams
 - Safe sex
- Nutrition
 - Vitamins
 - The food guide pyramid
 - Balanced nutrition
 - Prenatal nutrition
- Environmental health
 - Air and water quality
 - What people can do about pollution
- Safety
 - At home
 - At work (including workers' compensation)
 - At night
 - Violence in general
 - Domestic violence
 - Child abuse
 - Emergency preparedness
- Alternative Medicine
 - Chiropractic
 - Acupuncture
 - Homeopathy
 - Hypnotherapy
 - Mind-Body medicine
 - Energy therapies
 - Other forms from students' cultures
 - Assessing safety of alternative medicines (e.g., herbs and vitamins)

Source

Northeast System for Adult Basic Education Support (SABES). (October 2001). *The ABE curriculum framework for health (draft)*. Boston: Massachusetts Department of Education Adult and Community Learning Services.

3. Teaching Approaches

Teaching health lends itself to a variety of widely-used instructional approaches. Health instruction can be infused with varied skills practice, such as critical thinking, personal decision-making and goal-setting, and language and communication development. A needs-based, learner-centered approach is encouraged to maximize learner gains from instruction.

In adult literacy and ESOL instruction, health is often taught via:

- **Life skills, content-based instruction**, with frequent use of dialogue, role play, and realia to support second language learning. Target language skills are integrated into the health topic rather than taught separately.
- **The Language Experience Approach (LEA)**, which allows beginning literacy learners to draw upon their own experiences, interpretations and language as they create and manipulate stories on topics and prompts germane to health education.
- **A problem-solving approach** promoting critical evaluation of the world around the learners, who must use language authentically to communicate and negotiate.
- **A participatory approach (project-based learning)** integrating skills and making students the designers and implementers of their own learning. This promotes a sense of ownership and mastery over target material. Note that this approach is more successful beyond beginning levels.
- **A narrative approach** that lends itself to health education because it facilitates personal connection with learning, self-awareness, and self-development.

For additional information on these approaches, see:

Moss, D., & Van Duzer, C. (1998). *Project-based learning for adult English language learners*. ERIC Digest. Washington, D.C.: National Center for ESL Literacy Education. (ERIC document no. EDO-LE-98-07). Available:
<http://www.cal.org/ncle/digests/ProjBase.htm>

Payne, E. M. (n.d.). The adult learner in a participatory learning environment. Center for Initiatives in Education online new teacher toolkit. Available:
<http://cie.ci.swt.edu/newteacher/section2-2.htm>

- Rossiter, M. (2002). *Narrative and stories in adult teaching and learning*. ERIC Digest. Washington, D.C.: Educational Resources Information Center. (ERIC Digest No. 241). Available: <http://ericacve.org/docgen.asp?tbl=digests&ID=126>
- Sticht, T. (1997). The theory behind content-based instruction. *Focus on Basics, 1(D)*. Available: <http://ncsall.gse.harvard.edu/fob/1997/sticht.htm>
- Taylor, M. (1992). *The Language Experience Approach and adult learners*. ERIC Digest. Washington, D.C.: National Center for ESL Literacy Education. (ERIC document no. EDO-LE-92-01). Available: http://www.cal.org/ncle/digests/LANG_EXPER.HTML
- Wrigley, H. S. (1998). The promise of project-based learning. *Focus on Basics, 2(D)*. Available: <http://ncsall.gse.harvard.edu/fob/1998/wrigley.htm>

4. Instructional Supports: Resources and Activities for Increasing the Effectiveness of Health Instruction

The following are some resource ideas for increasing the effectiveness of health lessons.

Realia:

- Doctor's kit equipment such as stethoscope, thermometer, blood pressure cuff, tongue depressor, bandages, Band-Aids, etc.
- Empty over-the-counter medicine containers to practice instructions and dosages
- Prescription warning stickers from a pharmacy
- Pharmacy drug information printouts
- Medical history forms (you may need to simplify them for lower levels)
- New patient forms
- Insurance forms
- Food containers with nutritional information
- Children's school immunization/health forms

Printed Information:

- Brochures and Internet websites on health conditions written in SIMPLE, PLAIN ENGLISH. Use these judiciously with lower levels. Many are too difficult or culturally inappropriate.
- Flyers for affordable care clinics or free services (such as a one-day local breast cancer screening event, for example)
- Pharmacy drug information print-outs. Use judiciously as vocabulary is difficult and texts are lengthy. Focus on small sections of text rather than a whole print-out.

Project Ideas:

- Students can prepare a notebook in which they log their personal and family health data (medical history, immunizations, allergies, dates of surgeries, etc.).
- Students can draw up plans for personal or family health maintenance or improvement, incorporating self-selected aspects of health care (e.g., work on nutritional health, spiritual health, stress management, etc.)
- Students can prepare the following to share their new health knowledge with others in their school, family or community:
 - Brochures on a health condition, preventive care, local affordable health care sources, health tips for newcomers, etc.

- Posters for the classroom on similar health topics
- A newsletter on health topics
- Presentations for their own class and/or other classes to peer educate on health topics
- Videos of skits or presentations on health topics and health care encounters

Field Trips:

- Visit a community health fair (or arrange one at your program site).
- See if your students can get a tour of a local hospital or clinic.
- Visit a grocery store in search of foods to meet daily nutritional requirements of the U.S. Food Guide Pyramid
- Arrange a meeting of health professionals and adult learners for an exchange of experiences and perspectives about health and health care. (See the following pages for the *Progress* article "A Healthful Approach: Charlottesville Public Schools," Debbie Tuler's account of one program's meeting with health care providers.)
- Have a scavenger hunt in a drugstore. Have learners search for different kinds of items and then write down specific information about them.

Guest Speakers:

- Invite a local public health nurse to speak about local affordable health care services, refugee health resources, or current community health concerns.
- Invite a health educator to speak about a disease learners may be at increased risk for, such as diabetes, cardiovascular disease, or high blood pressure.
- Invite a health educator to speak about sexually transmitted diseases like HIV/AIDS, and how to teach your children about them.
- Invite a nutritionist to speak about how to eat a healthy diet when you come to the United States.
- Invite medical students to speak with your learners about learner experiences with the US health care system. What is easy about it? What is difficult? What suggestions do learners have for new doctors?

Sources

Furlong, L. (2003). *Charlottesville ESL health curriculum*. Charlottesville, VA: Charlottesville City Schools.

Northeast System for Adult Basic Education Support (SABES). (2001 October). *The ABE curriculum framework for health (draft)*. Boston: Massachusetts Department of Education Adult and Community Learning Services.

A Healthful Approach: The Charlottesville Adult ESL Program

by Debbie Tuler

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I am an ESL teacher, and for me, civic participation means being involved in the community, being able to access community resources, and giving voice to ideas and opinions. English literacy and civics education means providing opportunities for students' civic participation along with helping them develop the language skills necessary to use their voices and gain access to the community organizations and functions they need. The Charlottesville Adult ESL Program supports students' civic participation in a number of ways, but here I will focus on the health component of our 2002 EL/Civics grant project.

As part of our project, we developed and piloted a 10-week health curriculum in four classes, with beginning to advanced level students. Our students include newly arrived refugees, settled immigrants, visitors, and those affiliated in some way with the University of Virginia (UVA). They range from having no or limited literacy skills to being highly educated in their native languages and countries. The goals of the health curriculum are:

- to increase participants' knowledge of and ability to navigate the health care system;
- to enable students to be advocates for their own health and promoters of health for their family and community;
- to promote mutual information sharing among health care providers in Charlottesville and our ESL students.

We believe that limited English speakers will have access to the best possible health care and health care providers can give the best possible care when there is mutual information sharing; when they listen and learn from each other about health- and health- care related experiences, practices, and perspectives.

In an effort to meet the goals of our curriculum, we connected with Dr. Fern Hauck of the Department of Family Medicine at the UVA Medical Center. The Department sponsors weekly Grand Rounds, or educational seminars, for health care practitioners in the community. We arranged with Dr. Hauck to hold a panel presentation entitled Health Care Experiences from a Multi-Cultural Perspective. The program consisted of three student presentations, "Comparisons of Health Care Systems Around the World," "A Comparison of Japanese and U.S. Health Care Systems," and "Successes and Challenges in Navigating the U.S. Health Care System" followed by a Q&A period between the students and health care providers.

Sixty-four people attended the May 10th event. Half of the group was health care providers; half was ESL students and instructors. In their evaluations, participants indicated the program was 'useful' or 'very useful' and they would like to attend additional such presentations and information sharing sessions. Comments from the health care professionals regarding what had been most memorable included:

- "Hearing the ESL students' voices."
- "The vignettes [that compared health care systems around the world] were sad and funny. I also learned a lot and was struck by the uniqueness of the differences."
- "The interchange of opinions between physicians and ESL students."
- "I was very interested to hear the Japanese woman speak about what 'surprised' her. This tells about her expectations of medical care and is very helpful."

The Q & A period gave our teaching staff ideas for further developing the EL/civics health curriculum. For instance, one student's question, "Why does a person have to wait so long to get a doctor's appointment when we've been told not to go to the emergency room?" opened up a rich discussion that pointed out several new and critical areas around which we need to plan and implement instructional activities. Everyone involved gained new teaching resources through the two ways we devised to hold onto both the day's events and the students' stories.

- First, the text from the presentations and other student writings from the health curriculum have been published in the *Charlottesville Adult ESL Health*

Journal. The *Journal* will be added to the resources in our health curriculum and disseminated to the students and staff in the Charlottesville Adult Education program and health care providers in the Health Department and UVA Medical Center.

- Second, the meeting was videotaped. I envision being able to use the video with future classes to generate discussion and practice listening comprehension skills. Dr. Hauck envisions using it as a resource to help train the residents and faculty in issues related to medical care for people from different cultures, as part of a new curriculum she is planning.

Our collaboration with the UVA Family Medicine Department continues! Under the direction of Dr. Hauck, the department will be opening a new refugee and immigrant clinic to better serve the needs of limited English speakers, and we have been asked to assist her. In fact, she had originally envisioned a health clinic to serve refugees but, after hearing our students speak, Dr. Hauck realized the Charlottesville area is home to a more broadly based ESL population that they should be serving. Additionally, one physician communicated in writing to Dr. Hauck, "If the Refugee and Immigrant Clinic is established, perhaps a 'get to know us' document or session could be offered to address how care is delivered and what patients can expect." We have a meeting scheduled with Dr. Hauck, Peggy Paviour from the Health Department, and student representatives to discuss further action steps.

I have been involved with several health projects in ESL classes over the years, but this has been the most exciting. It was inspiring to see ESL students speak in front of native English speakers, to see lay people speak in front of professionals. It takes a lot of courage to do this. Moreover, it was the first time I have seen physicians on the edges of their seats listening to the stories of limited English speakers. This was clearly not a one-shot workshop or isolated event. Rather, it was the beginning of an ongoing dialogue and a relationship that will provide our students with further opportunities to get involved in the community and get others involved. It was exciting to see the medical establishment being more responsive to the culturally diverse population it serves.

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5. Curriculum Resources

The following is a list of assorted curricula for health. All Virginia examples have been created with partial funding from Virginia state English Literacy/Civics grants.

Arlington Education and Employment Program (REEP) EL/Civics Online Curriculum. Health Units.

Approach: Life Skills

URL: <http://www.arlington.k12.va.us/departments/adulted/REEP/>

REEP's health curriculum is part of a larger life skills-based curriculum which focuses on student voice and integration of technology. Some health topics presented include anatomy, reporting symptoms, filling out medical forms, accessing local health care, reporting emergencies to 911, responding to medical instructions, asking and answering questions, making healthy choices, practicing preventive care, and reading and understanding medicine labels. Other curriculum content includes units on personal identification, government, transportation, jobs, consumerism, housing, community, legal information, time and weather, and holidays. Individual classes conduct needs assessments to select which units and topics they will focus on in a term. The curriculum offers detailed information on assessment, goals, lifskills performance objectives, and language skill integration. For each of the 9 instructional levels, there is a chart of lifskills performance objectives with corresponding language samples, grammar and instructional resources.

Charlottesville Public Schools ESL Health Curriculum, by Leslie Furlong,

Approach: Participatory

URL: <http://www.charlottesville-esl.org>

The Charlottesville ESL Health Curriculum focuses broadly on developing civics awareness and participation regarding health, illness, and health care in the Charlottesville ESL community. It is committed to being a student-generated curriculum. Students are encouraged to develop competency navigating the U.S. health care system in the broadest sense possible. They look at holistic definitions of health, disease, and illness, as well as the importance of lifestyle choices, prevention, and early detection. They build life skills in accomplishing tasks such as making appointments, describing symptoms, filling out forms, and locating and understanding the different functions of health

care facilities in the local community. Students also learn about their civil rights and responsibilities.

Fairfax County EL/Civics Curriculum: Low Beginning-Low Intermediate ESOL, High Intermediate and Advanced ESOL/Adult High School, and Family Literacy. Health Modules.
Approach: Content-based, problem-solving

High Intermediate and Advanced curriculum URL:
<http://www.aelweb.vcu.edu/publications/ELCivics/index.htm>
Low Beginner Health Curriculum
<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/lbhealth.pdf>
Low Beginner Health Curriculum Landscape Handouts
<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/lbhandouts.pdf>
High Beginner Health Curriculum
<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/hbhealth.pdf>
High Beginner Health Curriculum Landscape Handouts
<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/hbhandouts.pdf>
Low Intermediate Health Curriculum
<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/lihealth.pdf>
Family Literacy Health Curriculum
<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/familylit.pdf>

The Fairfax curriculum aims to help learners develop language skills while empowering themselves to better maintain their health and access community health care resources. The curriculum espouses learner self-expression, peer interaction, community awareness and participation, personal research, and problem-solving. It engages the adult learner in personal, meaningful English literacy instruction using a non-traditional methodology. Lessons are scripted to guide less-experienced teachers, but may easily be adapted to better meet the needs of a particular group of learners. Health topics presented in the curricula are not those usually covered in traditional health texts. They are topics which have been observed by teachers to be essential for adult learners and their families to function effectively in the U.S. health care system. Technology components are present in lessons at all curriculum levels, but most lessons can be adapted to work without computers. Suggestions for learner projects are included.

Loudoun Literacy Council Health Curriculum by Tina Dickerson.
Approach: Life Skills
<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/loudoun.pdf>

A community-based model for a volunteer program. The Loudoun curriculum is a 3-module, health-centered framework for volunteer-led basic literacy and ESOL instruction. It focuses on community health care resources, dental health, and medication safety. Accompanying the outlines in the curriculum kit are visuals (made from digital photos) and brochures provided by various health care organizations.

Massachusetts Adult Basic Education Curriculum Framework for Health.

Approach: Participatory

URL: <http://www.doe.mass.edu/acls/frameworks/health.pdf>

An inquiry-based approach framework for ABE and ESL programs from the Massachusetts system, which has been a pioneer in participatory health education. May be particularly useful in generating ideas for GED as Project lessons.

Section E: Addressing Teachers' Concerns About Teaching Health

1. Questions and Answers on Teachers' Concerns
2. Addressing Trauma in Adult Education
 - ERIC Digest: *Trauma and Adult Learning*
 - ERIC Digest: *Trauma and the Adult English Language Learner*

1. Questions and Answers on Teachers' Concerns

Teaching health topics in adult education can be tricky. Topics that are important to learners may be outside the realm of teacher expertise, or may be considered sensitive or personal. When a learner mentions a personal health problem to an instructor, it can be difficult for the instructor to know how to respond, or to what degree to get involved. These and other important questions on the challenges of addressing health in adult education are discussed in the questions and answers below. Answers are suggestions and are not exhaustive.

1. *Why is teaching health so important in adult education classes?*

- Adults with low literacy describe themselves as having poorer overall health than adults with higher literacy skills. They make less use of health screening, seek care in later stages of illness, are more likely to be hospitalized for illness, and have less understanding of treatment and consequent lower adherence to medical regimens (Rudd, 2002). Their health affects everything else in their lives and the lives of their families, including educational outcomes. Adult educators can help learners make a significant improvement to their quality of life through increased awareness of health and health care.
- The U.S. health care system is extremely complex and constantly changing, with a culture unique unto itself. For highly literate people who are native to the United States the system provides significant challenges. For people with low literacy, the health care culture may seem at times exclusionary or impenetrable. Adult education can help empower learners by teaching how the system works and how to advocate for oneself and one's family within it.
- Learners with limited English proficiency have the same problem with accessing care, only more so. They need to learn much linguistic and cultural information before they can function effectively for themselves in the U.S. health care system. This information is not available elsewhere in forms that are easily accessible for people with limited English.
- Extended illness of students or their family members drains physical, emotional, and financial resources, causing students to drop out of classes. Education which helps them maintain their health improves chances of their staying in school longer and reaching goals.

- Adult literacy students frequently have high levels of stress and ongoing health problems that impede their progress in school, and teachers acknowledge benefits to addressing these obstacles in class (Jacobs, 2002; Singleton, 2002).
 - Students want to learn about health and health care. (Povenmire and Hohn, 2001; Singleton, 2002)
 - There are considerable racial and ethnic health disparities in the U.S. Many groups are not getting the information and care they need. Adult education is a useful conduit for getting vital health information to adults who might not otherwise access the health information they need to know.
2. *I'm afraid of getting too involved in my students' lives, or of them becoming too dependent on me. How do I avoid this?*
- It is very important to set yourself boundaries up front. Make student empowerment your goal. In your relationship with your students you are not their social worker or doctor, nor should you try to be. Do not try to fix personal problems for your student. However, you can provide information on available resources. See yourself as a conduit to information for students, not the provider of solutions to their problems. Have information about available local services on hand for situations which might be brought up by students. If learners share a problem with you, refer them to a social worker who is trained to help or an appropriate human service agency, but don't take the problem upon yourself. Taking problems upon yourself will prevent students from learning how to help themselves, will blur the boundaries of the professional relationship you have with your students, and may ultimately burn you out.
 - Although we are not qualified to counsel learners, we can help by providing a forum for them to explore their own ideas for solutions to common problems. As they do so, learners develop communication and critical thinking skills and increase their awareness of available community resources. Again, we should not be providing solutions; we should be facilitating learners' problem-solving.
3. *What if my students say that studying about health isn't learning literacy or learning to speak English?*

- Within the context of health, students can practice reading, grammar, vocabulary, oral and written communication skills, and a variety of language functions, not to mention critical thinking skills. Studying health is a good vehicle for learning literacy and language and developing other important life skills at the same time. (For specific examples, see Section B, Part 8 in this Toolkit, "Examples of Teaching Opportunities by Skill Area for Health Education Instruction," (pages 32-34) and Section D, Part 2, "Curriculum Content Ideas" (pages 93-97).

4. *I don't want to give my students the impression that I'm a health expert, or that I'm telling them what they should believe or practice. How do I avoid this?*

You are teaching about health to help students develop skills to ask their own questions, look for answers, make educated decisions, and be prepared to manage any unforeseen health crises that may arise. You are not trying to tell students what to believe or practice. Therefore, you should state clearly to students that your goal is to help them use language about health and develop their skills and knowledge to make good health decisions for themselves and their families. Emphasize that any examples you use in class about health care are not expert advice. Make every effort to get accurate health care information when putting together readings, dialogues, etc., but remind students that they need to speak with a real health care provider to get the best information for their health.

- If you are aware that students practice behaviors that you consider dangerous to their health, it is not your job to try to change the students' beliefs or practices. They are adults, and decisions relating to their health are theirs to make. (Of course, the situation is different if the behavior is disruptive to the class, such as a student coming to class intoxicated. Then it is your job to see that the disruptive behavior is not repeated in the class). However, you can help students develop skills needed to make an informed decision about unhealthy behaviors. For example, if some students in your ABE class smoke and the class is studying about smoking as a public health issue, your job is not to say that it's bad to smoke, but to help students find factual information about smoking so that they can make up their own minds with the new information they have gathered.

- Your students may hold health beliefs that differ significantly from mainstream U.S. health care perspectives or your personal health beliefs. For example, in an ESOL class you might have students who use traditional (sometimes considered “alternative”) therapeutic practices (e.g. acupuncture, healing through prayer, or herbal medicines) and prefer these to seeing a mainstream U.S. health care provider. Tell students clearly that you respect their beliefs and that it is not your job to say who is correct and who is not correct. Remember, though, that it is important to teach students about the U.S. health care system and how to advocate for oneself in it. This does not denigrate students’ personal health beliefs. On the contrary, it is necessary to prepare learners of differing health perspectives for mainstream practices in case they have emergencies in which they find themselves immersed in the U.S. health care system.

5. *What if I don’t know enough about health conditions, access to and payment for care to teach about these topics?*

- Much reliable health information is available on the Internet. Teachers can use dependable websites to increase background information. Examples include:

MedlinePlus <http://medlineplus.gov>

NOAH (New York Online Access to Health) <http://www.noah-health.org>

HealthFinder <http://www.healthfinder.gov>

- Local health departments and social service agencies may be able to provide health educators to speak directly with your students, or to help you make sure teacher-generated materials are accurate.
6. *What if I feel uncomfortable talking about health because it seems too personal for class?*
- You definitely need to be comfortable with talking about a health topic before you present it in class. If you are uncomfortable, your students certainly will be also. Once you understand your anxiety about it, you might feel more comfortable presenting it. La Machia and Morrish (2001) recommend having supports ready not just for learners but for yourself as well to help address difficult topics that might come up. When determining your own comfort level, try to focus on the fact that learners might not feel able to discuss concerns or access information on important health topics elsewhere.

- Sensitive topics do not need to be presented in a way that puts learners or teachers on the spot. To revisit the smoking example cited above, in a lesson on smoking, don't present it as "What's bad about smoking?" Instead, let learners investigate and analyze it for themselves as a health issue and arrive at their own conclusions. Stress up front that this is your goal. The lesson could involve investigating its effects on the body, compiling a survey of student attitudes on smoking, examining the history of the cigarette industry, and examining the economics of smoking in states where tobacco has been grown (Summerfield, 1995). This provides valuable skills development and gives learners more information on which to base their own opinions.
- Speak with other teachers. See how they feel about the topic, and ask if they have any suggestions as to how to present it so you and your students are more comfortable.

7. *What if one of my students thinks health is too personal to talk about?*

- Students should never feel they have to share about a health topic. Be sure to point this out to your class repeatedly.
- Construct activities that don't have to center on personal sharing. For learners with lower literacy, this could be Language Experience Approach stories based on pictures or general class experiences (a field trip to a clinic; reading information or stories about a health condition, etc.). Learners with higher literacy could read stories about others' health experiences rather than share their own, or they could look at brochures, newspaper and magazine articles, or Internet materials on health topics. Problem-solving can also be done around stories that you have written about a fictitious person with a health dilemma.
- Higher readers can select their own health research topics for learning projects. Since it's their own choice, they will presumably select a topic they feel safe addressing.
- If learners would be more comfortable, explore whether dividing the class into gender groups for health lessons is feasible.

8. *What about especially sensitive topics, like domestic violence, mental illness, sexually transmitted diseases (STD's), or other reproductive health concerns?*

These topics may be uncomfortable to talk about, but they are extremely common in the United States. Failure to educate people about them leads to fear, stigma, isolation, avoidance of treatment, worse health outcomes and unsafe behaviors which can further spread disease. If parents aren't educated about these topics, they cannot provide good information to their children. If your students need information on sensitive topics, it might be possible to invite a trained health educator or social worker to speak with your class. Here is some information to consider on various sensitive topics:

- RE: Domestic violence. This topic is probably best brought up 1) if a student has asked you a general question about how it is seen in the US, or 2) in October, Domestic Violence Awareness Month. If a student confides in you that she or he is a victim of domestic violence, it is best NOT to bring up with the whole class the topic of domestic violence, as it might generate significant discomfort and shame in the victim. It is best to link that student to a social worker who specializes in domestic violence.

Statistics:

- Nearly one-third of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives.
- Studies show that child abuse occurs in 30-60% of family violence cases that involve families with children, according to the National Domestic Violence Hotline.

- RE: Mental health. While this is a highly stigmatized topic in many cultures, it is important to let students know that treatment is available for many mental health conditions in the United States (it might not be in their native country), and that disorders like depression and anxiety are very common.

Statistics:

- 9 million Americans are believed to have major depression in a given year.
- 19 million are believed to have an anxiety disorder according to the National Association for the Mentally Ill (2003).
- Most cases of depression and anxiety can be managed successfully with counseling and medication.
- There is a high incidence of Post-Traumatic Stress Disorder among refugees, which can be managed with medication and counseling. For more information on mental health of refugees, see the ERIC Digest, *Mental Health and the Adult Refugee: The Role of the ESL Teacher* (Adkins, Sample, & Berman, 1999), at <http://www.cal.org/ncle/digests/mental.htm>.

- RE: STD's. As uncomfortable as STD's are to speak about, raising awareness about them across racial and ethnic groups is very important.

HIV/AIDS statistics:

- African Americans accounted for 50% of reported HIV cases in the US in 2001 and 49% of new AIDS cases, even though African Americans make up only 12% of the U.S. population.
- In 2001, African American men accounted for 43% of reported HIV cases among U.S. males.
- In 2001, African American women accounted for ~~nearly~~ 64% of reported HIV cases among U.S. women. (Centers for Disease Control and Prevention [CDC], 2003a)
- In the U.S., HIV is significantly on the rise in the Hispanic population. While Hispanics make up 13% of the U.S. population, in 2000 19% of the newly reported U.S. AIDS cases were in Hispanic people (CDC, 2003b).

Many people across ethnic groups may come to the U.S. with undetected HIV, and it is important for them to know that help is available in the public health arena for HIV and other STDs. (If someone has HIV, then he or she has a great likelihood of having other STDs). HIV medications are provided free to uninsured people with low incomes. In Virginia they are provided by the AIDS Drug Assistance Program (ADAP). Information about ADAP can be obtained from local health departments. While HIV medications cannot cure the disease, they greatly help manage symptoms and add years to life expectancy. Medication can also greatly reduce the risk of HIV being passed from mother to child during pregnancy.

- RE: Reproductive health. There are many important issues in reproductive health. Here are 2 general pieces of information relating to pregnancy that may be helpful for adult educators to know.
 - African American women experience a significantly higher rate of low birth weight, premature births and infant mortality than White and Hispanic women in the U.S.
 - Women who come from a country with little or no formal prenatal care many not be aware of its availability in the U.S. Mentioning prenatal care in class as an available community health service can be helpful for learners in this situation.

9. *My lowest level limited English proficient (LEP) learners seem to be the ones with the worst health problems and no health insurance. How can I bring up this complicated information with them so that they will get it, and so they will feel like they can do something about their problems?*

- This is a challenge! Often simplified health education materials are far too difficult for beginning level LEP learners. Using realia, online picture stories (Singleton, 2001), individual pictures (e.g. of a clinic, doctor's office, pharmacy, sick person, etc.), simplified medical forms, and students' own stories (with their permission) are some ways to help learners connect with complex health and health care issues.
- Teach LEP learners helpful strategies like writing questions down in advance of a doctor's appointment, writing down a list of medications they take, and reciting or writing down their own or their child's health history. (These strategies may be helpful for native speakers as well.)
- Help learners simplify things. Language Experience Approach helps literacy learners to master simple language that they themselves have generated to explain health situations. Present dialogues on communication with health care providers in authentic language, but keep them short. Teach things learners need to know before they can speak a lot of English, like how to request an interpreter who speaks their language. Teach them strategies for when an interpreter isn't available, such as getting help to write down questions for the health care provider in English, and to list medications and family medical histories.

10. I don't know anything about my learners' native cultures' health beliefs. I don't want to seem like I don't respect their cultures. How can I avoid this?

Your students can be your best teachers on this topic. Encourage discussion about their health beliefs and practices. Make sure they understand that everyone's beliefs are valid and respected in the classroom. For additional information, websites that describe culturally diverse health care beliefs are available on the Internet.

Examples include:

- Ethnomed, <http://ethnomed.org/>
- Queensland Health's Cultural Diversity: A Guide for Health Professionals, <http://www.health.qld.gov.au/hssb/cultdiv/cultdiv/home.htm>

11. How do I fit health in? We're already teaching so many things and spending a lot of time on paperwork!

Teachers are currently faced with many difficult choices regarding time management. Remember the importance of health information to your learners and their families. Work other things into the health content, like grammar, reading, writing, vocabulary, conversation, math, science and critical thinking development, so that there is a greater return on the time investment. Share ideas for lessons with other teachers so you don't feel like you have to reinvent the wheel when you are planning a health lesson.

12. *Once I had a public health educator come in to my class to give a presentation, but he spoke really fast and my LEP students didn't understand much. How can I avoid this problem in the future?*

While the public health field is making efforts to simplify their language, these efforts are often suited more to native English speakers or higher level ESOL learners. Sometimes health department or local human service organizations can provide health educators who teach in different languages. If this isn't an available option for you, you can serve as an "interpreter" for health educators. Let them know that after they say something in English, you will "translate" it into simpler English that is suitable for the level of your students. Since you have spent more time with your students, it is only natural that you are more familiar with what kind of language they will understand.

13. *Can I just give my LEP students brochures on health topics in their native language? Is that enough?*

While this seems like a nice solution, it may not be enough for some students with less education. If students didn't learn basic health and medical knowledge in their native country, the concepts in the brochures might not be comprehensible to them, even written in their native language. Giving them a brochure that they don't understand may make them feel bad and shy away from getting care they need.

14. *What if one of my students is really negative about his or her experiences with U.S. health care? I don't want it to keep others from trying to get help.*

This is understandable as the health care system is so complicated. Negative comments may come up in regard to things like an underinsured or uninsured person asking for a reduced hospital bill and being refused because their income is considered too high. Let them get it out if they aren't too disruptive - they are in a very frustrating

situation! Remind the class that every situation is different, that they don't know how things will come out unless they try, and that if they don't try, they definitely won't get the help they need. Remind them that you are talking about the subject with them because you want them to be aware of their options in a difficult situation. If the frustrated individual is in need of more help, you can see if there is a social worker in the hospital or local human service agency you can refer the individual to who could revisit the case.

15. *It seems like there is so much for my students to learn about health care. Am I biting off more than I can chew?*

We cannot teach our students everything they need to know to get health care and advocate for themselves in every situation. There isn't time, and the system is complex and constantly changing. However, we can select what we teach and give students a foundation on which to build. Assess your learners' needs through observation and by asking them directly. Teach to their greatest health needs and interests. Encourage them to teach each other as well. Helping students feel that they have more access and voice in the health care system than they previously thought is a significant gain.

References

- Adkins, M. A., Sample, B., & Berman, D. (1999). *Mental health and the adult refugee: The role of the ESL teacher*. ERIC Digest. Washington, DC: National Center for ESL Literacy Education. (EDRS No. ED439625).
- Centers for Disease Control and Prevention. (2003a). *CDC fact sheet: HIV/AIDS among African Americans in the United States*. [Online]. Available: <http://www.cdc.gov/hiv/pubs/facts/afam.pdf>
- Centers for Disease Control and Prevention (2003b). *CDC fact sheet: HIV/AIDS among Hispanics in the United States*. [Online]. Available: <http://www.cdc.gov/hiv/pubs/facts/hispanic.htm>
- Jacobs, M. (2002, October). A mind/body/learning approach to counseling. *Focus on Basics*, (6)a [Online]. Available: <http://www.gse.harvard.edu/~ncsall/fob/2002/jacobs.html>
- LaMachia, J., & Morrish, E. (2001, Spring). Teachers' concerns about incorporating health into adult education. *Field Notes*, 10(4) [Online]. Available at: <http://www.sabes.org/resources/fieldnotes/vol10/f04conc.htm>

- National Alliance for the Mentally Ill (2003). *What is major depression?* [Online fact Sheet]. Available: <http://www.nami.org/helpline/depress.htm>
- National Domestic Violence Hotline web site. What is domestic violence? National statistics [Online]. Available: <http://www.ndvh.org>
- Povenmire, A.V., & Hohn, M.D. (Spring 2001) Why teach health? *Field Notes*, 10(4) [Online]. Available: <http://www.sabes.org/resources/fieldnotes/vol10/f04why.htm>
- Singleton, K. (2001). *Picture stories for adult ESL health literacy*[Online]. Available: <http://www.cal.org/ncle/health/>
- Singleton, K. (2002). ESOL teachers: Helpers in healthcare. *Focus on Basics*, 5(C) [Online]. Available: <http://www.gse.harvard.edu/~ncsall/fob/2002/singleton.html>
- Summerfield, L.M. (1995). *National standards for health education*. ERIC Digest. Washington, DC: ERIC Clearinghouse on Teaching and Teacher Education. (EDRS No. ED387483) .

2. Addressing Trauma in Adult Education

It is suspected that many adult learners have experienced different forms of trauma in their lives and carry the effects with them into the adult learning classroom. The following two articles offer information which can help sensitize teachers to effects of trauma which some learners might be experiencing. Also presented are suggestions as to how teachers can help learners who are coping with trauma to feel a sense of safety in the classroom and connect more closely with their learning.

The following article is reprinted from the ERIC Clearinghouse on Adult, Career, and Vocational Education (ERIC/ACVE) website.

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by Sandra Kerka
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Adult learning can often be challenging, and traumatic events add extreme challenges to the learning process. The catalog of sources of trauma is sadly long: psychological or physical abuse, rape, war, forced relocation, diagnosis of a terminal illness, job loss, death or suicide of a loved one, divorce, robbery, natural disasters, and terrorism. Some view poverty, homelessness, and hate crimes as forms of systemic violence that cause trauma (Pearce 1999; Rosenwasser 2000). Much adult education literature focuses on the traumas of women who experience domestic violence or of refugees who come to literacy classes, yet adult learners in all settings and at all levels may have experienced traumatic events that have an impact on learning. Horsman (2000b) notes that trauma and violence are not equivalent, and the use of the terms implies a particular focus: with violence, the focus is on the individual and social agents of trauma and with trauma, on the response of the person experiencing it. This *Digest* focuses on the individual response to trauma, its effects on learning, and ways in which adult educators can respond.

Effects of Trauma on Learning

Adults experiencing the effects of past or current trauma may display such symptoms as difficulty beginning new tasks, blame, guilt, concern for safety, depression, inability to trust (especially those in power), fear of risk taking, disturbed sleep, eroded self-esteem/confidence, inability to concentrate, or panic attacks (Mojab and McDonald 2001). Some people may manifest no symptoms; at the other end of the spectrum is Posttraumatic Stress Disorder, characterized by flashbacks, avoidance, numbing of responsiveness (including substance abuse), persistent expectation of danger, constriction (dissociation,

zoning out), and memory impairment (Isserlis 2001).

It may not be readily apparent that a learner is experiencing the effects of trauma. Instead, such manifestations as missing class, avoiding tests, spacing out, and having what may be interpreted as inappropriate or extreme reactions to class discussions or activities may actually be responses to trauma. It is true that learning may be impeded by fear, anxiety, poor concentration, and the enormous energy involved in hiding abuse or struggling with immediate survival needs. However, interpretations of trauma and its effects on learning are shaped by education discourses (Horsman 1997, 2000b; Isserlis 2001). A deficit perspective suggests that the learner, not the social system, must change. A medicalizing discourse emphasizes that healing, "getting over it," must take place before learning is possible. Discourses of educational practice may view dropping out, stopping out, or spacing out/dissociating as lack of motivation or persistence rather than survival mechanisms. Discourses focused on outcomes and accountability fail to recognize the complex issues facing learners that may interfere with achievement or program completion.

A number of authors urge reframing of these discourses:

- Instead of diagnosing and treating "victims," find ways to make the learning environment safer for everyone (Horsman 1997).
- Recognize the role of power in limiting individual agency and choice and the ways in which institutions make personal and structural violence possible and legitimize it (Pearce 1999).
- Acknowledge the hidden learning that occurs through traumatic experiences (Horsman 2000b; Williamson 2000).

What is learned from trauma and how might educators respond? Studies of people enduring extreme situations suggest that learning is a key to survival in adversity (Williamson 2000). Successful learning is supposed to occur when conditions are right: accessible opportunities, time, appropriate support, safety, motivation, risks with manageable consequences (ibid.). Yet in extreme situations, learning must take place quickly and without the right conditions. What is learned in response to trauma is influenced by prior knowledge, background, familial and social relationships, and personal qualities and abilities (Pearce 1999; Williamson 2000). This is not to blame the victim for "inappropriate" learning or responses, but to underscore the importance of resources and support and the recognition that learning has to be geared to meet a range of individual needs. Some of the "hidden" learning from trauma includes the following:

- **All or nothing reactions** such as shifting between control and abdication of control, defensiveness and no boundaries, heroic efforts and neglect of regular tasks. Strategies: curriculum that helps make the middle ground or small improvements visible; portfolios or journals to track incremental changes (Horsman 2000b).
- **Dissociation**, separation of mind and body as a way of coping with unbearable experiences, sometimes triggered by situations evoking

past trauma. Strategies: helping learners recognize when they are more or less present; identifying what helps create a feeling of safety; providing a space in the classroom or another room to which learners may retreat as needed; exploring through writing, art, or other activities what occurs when "spacing out" (Horsman 1997; Morrish 2002).

- **Trust and boundaries.** Trauma affects trust in the world as a beneficial place, the meaningfulness of life, and self-worth. Strategies: attention to feedback, respect for boundaries and learners' physical space, programs that involve an extended time period to allow for building of community and rebuilding trust (Horsman 1997; Morrish 2002; Rosenwasser 2000).
- **Silence and disclosure.** Fear and shame make it profoundly difficult to speak about traumatic experiences. Strategies: "recognizing that there may be a continuum in particular circumstances of what seems appropriate and useful to be shared" (Horsman 2000a, p. 25); finding a balance between those who need to disclose and those who cannot bear to witness disclosures (Isserlis 2001).

Adult Education Responses

Educators' responses to learners dealing with trauma may be constrained by a number of factors (Horsman 1997, 2000a; Isserlis 2001): (1) personal beliefs or institutional policies that separate therapy/counseling from education; (2) lack of knowledge of or access to resources for referral; (3) the realization that learners' disclosures may put educators at risk or have legal implications such as reporting requirements; (4) concern for learners' privacy and confidentiality; and (5) the emotional and psychological impact on teachers. To overcome these constraints and to help learners regain control, connection, and meaning, educators might adopt a comprehensive, multifaceted approach that includes the following: a holistic perspective, creation of a safe learning environment, story telling, collaboration with appropriate agencies, educator self-care and professional development, and policy and advocacy.

A Holistic Perspective. Although the focus of education is often limited to the mind, traumatic experiences affect mind, body, emotions, and spirit. Rosenwasser (2000) describes the use of a holistic tool such as cooperative inquiry, a group method for exploring experiences and creating strategies for healing by sharing stories, art, movement, songs, co-counseling, poetry, theatre, and dance. These methods access different ways of knowing, address the whole person, and help build closeness, community, and connection.

A Place of Safety. Establishing a safe space for learning may involve practical actions such as a workable institutional safety plan, financial assistance for shelter/transportation, counseling, child care, access to legal services, flexible entrance requirements and time frames, and a safety audit of the physical environment (Elliott and Williams 1995). Attention to psychological and emotional safety may include avoiding diagnostic, classificatory testing; creating ground rules as a group; creating a culture of collaboration by

stressing full participation from each member, which helps equalize power differentials within the group; allowing the choice of opting out of any activity; creating a setting of beauty and comfort to feed the senses and foster a sense of worth; and enabling learners to take ownership of the space (Horsman 2000a; Rosenwasser 2000). Morrish (2002) conveys the importance of the safe space: "When the door was locked and the phones turned off and the fear of being interrupted was eliminated, when the collective act of self-care was given top priority and the rest of the world was sent a clear message that this was our time and space, that was when we felt a sense of well being. And that was when trust was built" (p. 17).

Telling One's Story. Narrative or story telling is a fundamental vehicle for meaning making in adult education as well as a therapeutic technique. Guidelines for the use of narrative include honoring learners' silences as well as their words, bearing witness by being a caring listener, balancing expressions of pain with those of joy and humor, and offering content and activities that allow learners to share as much or as little information about themselves as they choose (Horsman 2000a; Isserlis 2001). As Rosenwasser (2000) found, attention and appreciation to story sharing are positive contradictions to the destructive societal messages trauma victims receive. Narrative techniques often include journal writing; Horsman (2000b) gives the example of a gratitude journal as a way for learners to identify and derive strength from something positive rather than focusing only on pain. Story telling may also take nonverbal form: Lykes et al. (1999) describe a participatory action research project in which Guatemalan women sought to document their experiences of wartime violence in photographs. Other methods for narrative expression include talking circles (Horsman 2000b), art (Morrish 2002), and poetry, song, and ritual (Rosenwasser 2000).

Collaboration and Referral. It is essential that educators have knowledge of reporting requirements and other related laws including immigration laws, awareness of health issues and their impact, and a system of collaborative partners including counselors, the justice system, media, clergy, government, social service, shelters, and health care so that learners have access to critical services (Isserlis 2001). In addition to social and health services, other ways collaborative partners may assist include providing workshops on community resources, self-care, or stress management techniques (Horsman 2000b; Isserlis 2001). For example, the Women, Violence and Adult Education project (Morrish 2002) offered wellness-focused courses on mindfulness, creative writing, and collage, facilitated in turn by a therapist, a high school student, and an artist.

A family literacy center in Missouri received a grant to employ a social worker who provided small-group and individual counseling (Merritt, Spencer, and Withers 2002). The counselor used an empowerment approach that included accepting the client's definition of the problem, identifying and building upon existing strengths, teaching specific empowering skills, and providing mediation and advocacy to mobilize the community resources needed in a state of crisis. The counselor also participated in weekly staff meetings to provide adult educators with insight into family dynamics, confidentiality, and

ways to address stressful situations.

Educator Self-Care. If a counselor is not available to staff for personal consultation, regular meetings with a supportive supervisor or colleagues provide a way to vent frustration, prevent burnout, and assist one another in dealing with issues of trauma in the classroom and in their own lives (Horsman 2000a; Isserlis 2001). Professional development should be provided to help faculty, staff, and administrators understand and recognize the effects of trauma, develop appropriate responses, and locate community resources. Isserlis (2001) also found it important to find ways to make it safe for teachers not to take on this work. She also suggests that educators reflect on the following questions: How do we balance the needs of learners with our own needs? How much do we reveal of our own lives to the learners? When? How? For what purpose? How do we work with the imbalance of power?

Policy and Advocacy. Institutional policies and funding structures can make it less possible for educational programs to be sensitive to the needs of learners affected by trauma (Horsman 2000b). Examples include time-limited literacy/training programs, assessment practices, and attendance policies. Horsman (2000a) focuses on keeping in touch with students as a way of showing they were missed without making them feel guilty for missing class. Isserlis (2001) suggests a policy of leaves of absence for "family reasons" to give learners the time they need to deal with issues outside of the classroom until they feel ready to take on learning again. Beyond classroom and institutional policies, critical adult educators can play an advocacy role.

It may not be possible to implement all of these approaches in every adult learning setting. However, they represent the range of areas about which adult educators should become informed in order to assist learners who have experienced trauma.

References

Elliott, A., and Williams, P., eds. *Isolating the Barriers and Strategies for Prevention: A Kit about Violence and Women's Education for Adult Educators and Adult Learners*. Toronto, Ontario: Canadian Congress for Learning Opportunities for Women, 1995. (ED 396 178)

Horsman, J. *'But I'm Not a Therapist': Furthering Discussion about Literacy Work with Survivors of Trauma*. Toronto, Ontario: Canadian Congress for Learning Opportunities for Women, 1997. (ED 461 078)
<http://alphacom.alphaplus.ca>

Horsman, J. *Moving Forward: Approaches and Activities to Support Women's Learning*. Toronto, Ontario: Parkdale Project Read, 2000a.
<http://www.jennyhorsman.com/Movingforward.pdf>

Horsman, J. *Too Scared To Learn: Women, Violence, and Education*. Mahwah, NJ: Lawrence Erlbaum Associates, 2000b.

Isserlis, J. *On the Screen: Bringing Women's Barriers to Literacy, Learning and Employment to Light. NIFL Literacy Leader Fellows hip Report*. Washington, DC: National Institute for Literacy, 2001.
http://www.brown.edu/Departments/Sweater_Center/Literacy_Resources/screenpdf.html

Lykes, M. B. et al. "Telling Stories—Rethreading Lives: Community Education, Women's Development and Social Change among the Maya Ixil." *International Journal of Leadership in Education* 2, no. 3 (July-September 1999): 207-227.

Merritt, N.; Spencer, M.; and Withers, L. "Beyond the Scope of the Teachers: Deciding to Employ a Social Worker." *Focus on Basics* 6, no. A (October 2002): 7-9. <http://ncsall.gse.harvard.edu/fob/2002/merritt.html>

Mojab, S., and McDonald, S. *Women, Violence and Informal Learning. NALL Working Paper*. Toronto, Ontario: New Approaches to Lifelong Learning, Ontario Institute for Studies in Education, 2001. (ED 462 538)
<http://www.oise.utoronto.ca/depts/sese/csew/nall/res/41womenviolencelearning.htm>

Morrish, E. "Reflections on the Women, Violence, and Adult Education Project." *Focus on Basics* 5, issue C (February 2002).
<http://www.gse.harvard.edu/~ncsall/fob/2002/morrish.html>

Pearce, C. E. "Informal Learning of Homeless Women: A Feminist Study of Surviving the Everyday." In *40th Annual Adult Education Research Conference Proceedings*, compiled by Amy Rose. De Kalb: Northern Illinois University, 1999. (ED 431 901)
<http://www.edst.educ.ubc.ca/aerc/1999/99pearce.htm>

Rosenwasser, P. "Tool for Transformation: Cooperative Inquiry as a Process for Healing from Internalized Oppression." In *AERC 2000: An International Conference*, edited by T. Sork, V.-L. Chapman, and R. St. Clair, pp. 392-396. Vancouver: University of British Columbia, 2000. (ED 452 417) <http://www.edst.educ.ubc.ca/aerc/2000/rosenwasserp1-web.htm>

Williamson, B. "Learning in Extremis." In *Lifelong Learning inside and outside Schools. Collected Papers, vol. 2*, edited by P. Alheit et al., pp. 676-697. Roskilde, Denmark: Roskilde University, 2000.

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Trauma and the Adult English Language Learner

by Janet Isserlis, Literacy Resources/Rhode Island

Effects of Trauma on Learning

"[Traumatic events] can overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning" (Herman, 1992, p. 33). Since language learning demands control, connection, and meaning, adults experiencing effects of past or current trauma are particularly challenged in learning a new language. They may be affected by symptoms of post traumatic stress disorder, be clinically depressed, have repressed memories of previous abuse, or display visible signs of emotional distress. Victims of trauma may also experience concentration and memory loss (Canadian Centre for Victims of Torture, 2000).

Implications for Practice

Regardless of an individual's experience with violence, torture, or abuse, being an adult learner is intimidating for many. The following are suggestions for making the classroom safer for all.

Isserlis points out that... "a class in which a learner-centered approach is used enables community to develop among the learners.

- Offer content and activities that allow learners to share as much or as little information about themselves as they want, particularly when they are just beginning to study together. Let learners know that while they are invited to share information about their lives, they are not obliged to do so (Isserlis, 1996). Using learners' native languages for content learning, activities, and discussion can help build trust and community (Florez, 2000; Rivera, 1999).
- Allow learners to choose their own level of participation in classroom activities. Horsman describes learners' abilities to attend to and participate in classroom activity as "relative states of presence" (2000, p. 84). She suggests discussing with learners what it means to be present in the class and giving permission for them to be less than totally involved in all class activities. One way to do this is to set up a "quiet corner" for learners who feel unable to take part in particular classroom activities (Canadian Centre for Victims of Torture, 2000).
- Find out about community resources. While teachers do not need to become counselors, they should be aware of appropriate services. Find out what happens when one calls an emergency hotline-what information will be asked for, what language assistance is available,

what assurances of confidentiality exist-so that learners will know exactly what to expect when they call. If appropriate, create a class activity using the language and communication skills needed to call a hotline and ask for assistance. Knowing that many hotlines aid victims of crimes (both men and women) can lessen some of the anxiety for female victims of domestic abuse by shifting the focus from them to the broader community. Allow learners to pursue the topic, if they choose, by investigating community resources and by reading accounts of the experiences of other learners. (See, for example, *Not by Myself*, Literacy South, 1999, and *If I Were a Door*, Landers, 1994.) Klaudia Rivera (personal communication, June 2000) notes that staff at the El Barrio Popular Education Program in New York City created collaborations with other community agencies dealing with the issue of domestic violence by providing information about their services and offering workshops to teach learners to become peer counselors. She adds, "For many, the abuse began after the students enrolled in classes. Their partners could not deal with them becoming independent through learning English. In most cases the spouse had not been abusive in the past."

- Do not assume that all immigrant learners have experienced trauma. Neither do teachers necessarily need to know who among their learners has experienced abuse. However, educators should understand that certain topics generally discussed in adult ESL classes (e.g., family and health) can cause learner discomfort because of past and present abuse (Horsman, 2000).

For English language learners who have faced loss of one sort or another (status, employment, family members, or homeland), being able to view the classroom as a safe and predictable place is key to building community among and safety for learners and practitioners. In one Massachusetts class, students decided to meet together outside of class to form a support group after they realized that they shared histories of abuse. They subsequently produced a videotape and guide to document for others their experiences and the information they gained about domestic violence (Hofer, Haddock, Swekla, & Kocik, 1998).

Conclusion

Although strides have been made in raising public awareness about the prevalence of violence in all forms and its effects upon learning, work remains to be done in the areas of teacher education, policy, and increased awareness among learners and practitioners in ESL programs. State plans for adult education might support development of ancillary services for learners attending classes for whom violence is a factor in learning. This, coupled with teachers' understanding of the effects of trauma on learning, should help to make the classroom a safe place and learning more possible for adult language learners.

References

- Adkins, M.A., Sample, B., & Birman, D. (1999). *Mental health and the adult refugee: The role of the ESL teacher*. ERIC Digest. Washington, DC: National Center for ESL Literacy Education.
- Canadian Centre for Victims of Torture. (2000). Torture and second language acquisition. Retrieved from the World Wide Web: <http://www.icomm.ca/ccvt/intro.html>
- Family Violence Prevention Fund. (1999). Battered immigrant women. Retrieved from the World Wide Web: <http://fvpf.org/immigration/>
- Florez, M.C. (2000, June/July). Native languages in the beginning adult ESL classroom: To use or not to use. *WATESOL News*, 30(4), 1, 10.

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

Hofer, J.S., Haddock, M., Swekla, J., & Kocik, J. (1998). *Together we bloom: Women speaking out against domestic violence*. Video and guide. Greenfield, MA: Literacy Project/Laubach Literacy Action.

Hosman, J. (2000). *Too scared to learn: Women, violence and education*. Mahwah, NJ: Erlbaum.

Isserlis, J. (1996). Women at the centre of the curriculum. In K. Nonesuch (Ed.), *Making connections: Literacy and EAL curriculum from a feminist perspective* (pp. 13-14). Toronto, Canada: Canadian Congress for Learning Opportunities for Women.

Landers, C.B. (Ed.). (1994). *If I were a door: Writings of the ESL students at Wake Technical Community College*. Snow Camp, NC: Peppercorn Books & Press.

Literacy South. (1999). *Not by myself*. (Vols. 1-8). Snow Camp, NC: Peppercorn Books & Press.

Rivera, K. (1999). *Native language literacy and adult ESL instruction*. ERIC Digest. Washington, DC: National Center for ESL Literacy Education.

Volpp, L., & Marin, L. (1995). *Working with battered immigrant women: A handbook to make services accessible*. San Francisco: Family Violence Prevention Fund.

Resources

Elliott, A., & Williams, P. (Eds.). (1995). *Isolating the barriers and strategies for prevention: A kit about violence and women's education for adult educators and adult learners*. Toronto, Canada: Canadian Congress for Learning Opportunities for Women. 416-599-2854; <http://www.nald.ca/cclow.htm>

Isserlis, J. *On the seven*. Resources for victims and survivors of abuse. http://www.brown.edu/Departments/Swearer_Center/Literacy_Resources/screen.html

National Domestic Violence Hotline. A help line for immigrant women. 800-799-7233; <http://www.ndvh.org>

Peppercorn Books & Press. Publications for teachers of ESOL. 877-574-1634; <http://www.peppercornbooks.com>

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Appendices

- A. Affordable Health Care Providers in Virginia
- B. Affordable Legal Services in Virginia
- C. Reproducible Teaching Materials and Lesson Plans:
Picture Stories for Adult Health Literacy
- D. Publishers' and Distributors' Information
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- F. *GED As Project* Sample Lesson Plans

Appendix A: Affordable Health Care Providers in Virginia

1. Free Clinics

Virginia Association of Free Clinics

Documentation required for use of free clinics varies, but generally proof of income and *local* residence are required. Contact individual clinics for specific requirements and appointment scheduling. For the most up-to-date list, see VAFC's website (<http://www.vafreeclinics.org/cl-mem.html>).

Member clinics

ALLEGHANY HIGHLANDS FREE CLINIC

<http://www.cfw.com/~ahfcfree>

Amie Manis, Executive Director

PO Box 216

Low Moor, VA 24457

PHONE: (540) 862-6673

FAX: (540) 862-6675

E-MAIL: manis@cfw.com

ARLINGTON FREE CLINIC

<http://www.arlingtonfreeclinic.org/>

Nancy Sanger Pallesen, Executive Director

2926 Columbia Pike

Arlington, VA 22204

PHONE: (703) 979-1425

FAX: (703) 979-1436

E-MAIL: npallesen@arlingtonfreeclinic.org

AUGUSTA REGIONAL FREE CLINIC

Linda Cornelius, Executive Director

PO Box 153

Fishersville, VA 22939

PHONE: (540) 332-5611

FAX: (540) 332-5610

E-MAIL: AugustaFreClinic@netscape.net

BAPTIST MEDICAL CLINIC OF GALAX

Deana Christley, Executive Director

PO Box 1708

Galax, VA 24333

PHONE: (540) 236-0421

FAX: (540) 236-0421

E-MAIL: bmccg276@earthlink.net

BEACH HEALTH CLINIC

Ellen Ferber, Executive Director
3396 Holland Road, Suite 102
Virginia Beach, VA 23452
PHONE: (757) 428-5601
FAX: (757) 428-7872
E-MAIL: beachclinicexec@hotmail.com

BEDFORD CHRISTIAN FREE CLINIC

<http://www.freeclinic.net/bedfordchristian>
Don L. Craighead, Jr., Executive Director
PO Box 357
Bedford, VA 24523
PHONE: (540) 586-3711
FAX: (540) 586-4666
E-MAIL: bedfreeclinic@lycos.com

BRADLEY FREE CLINIC

<http://www.bradleyfreeclinic.com/>
Estelle Avner, Executive Director
1240 Third Street, SW
Roanoke, VA 24016
PHONE: (540) 344-5156
FAX: (540) 342-0220
E-MAIL: estellea0@lycos.com

BROCK HUGHES FREE CLINIC

Tamara Thomas, Executive Director
PO Box 392
Wytheville, VA 24382
PHONE: (276) 223-0558
FAX: (276) 223-0015
E-MAIL: cbhclinic@ntelos.net

CHARLOTTESVILLE FREE CLINIC

<http://www.cvillefreeclinic.org>
Erika Viccellio, MEd, Executive Director
1138 Rose Hill Drive, # 200
Charlottesville, VA 22903
PHONE: (434) 296-5525
FAX: (434) 296-0904
E-MAIL: cfreeclinic@hotmail.com

CHESAPEAKE CARE FREE CLINIC

<http://www.pinn.net/~chescare/index.html>
Janet Call, Executive Director
2145 Military Highway South

Chesapeake, VA 23320
PHONE: (757) 545-5700
FAX: (757) 545-7706
E-MAIL: chescare@pinn.net

CROSS-OVER HEALTH CENTER
Jason Daniels, Managing Director
108 Cowardin Avenue
Richmond, VA 23224
PHONE: (804) 233-5016
FAX: (804) 231-5723
E-MAIL: cohc.admin@verizon.net

FAMILY LIFE SERVICES FREE MEDICAL CLINIC
Cathy Philbrook, Office Manager/ Acting Executive Director
925 East Church Street
Martinsville, VA 24112
PHONE: (276) 666-4081
FAX: (276) 656-1681
E-MAIL: freeclinic@adelphia.net

FAN FREE CLINIC
James G. Beckner, Executive Director
PO Box 6477
Richmond, VA 23230
PHONE: (804) 358-6343
FAX: (804) 354-0702
E-MAIL: jbeckner@fanfreeclinic.org

FAUQUIER FREE CLINIC
<http://fauquierfreeclin.home.mindspring.com>
Rob Marino, Executive Director
PO Box 3138
Warrenton, VA 20188
PHONE: (540) 347-0394 (Warrenton Clinic)
PHONE: (540) 675-2525 (Washington Clinic)
FAX: (540) 349-3262
E-MAIL: rob@fauquierfreeclinic.org

FREE CLINIC OF CENTRAL VIRGINIA
Robert H. Barlow, Executive Director
PO Box 38
Lynchburg, VA 24505
PHONE: (434) 847-5866
FAX: (434) 528-2529
E-MAIL: bob@fccv.net

FREE CLINIC OF CULPEPER

Roberta Brown, Executive Director
610 Laurel Street, Suite 3
Culpeper, VA 22701
PHONE: (540) 825-2252
FAX: (540) 825-2257
E-MAIL: culpeperfreesclinic@hotmail.com

FREE CLINIC OF DANVILLE

Kirk Echols, Executive Director
PO Box 665
Danville, VA 24543
PHONE: (434) 799-1223
FAX: (434) 799-6737
E-MAIL: freeclinic@gamewood.net

FREE CLINIC OF FRANKLIN COUNTY

Karon A. Jones, RN, Clinic Director
PO Box 764
Rocky Mount, VA 24151
PHONE: (540) 489-7500
FAX: (540) 489-7502
E-MAIL: freeclin@swva.net

FREE CLINIC OF GOOCHLAND

Sally Graham, Executive Director
PO Box 149
Manakin-Sabot, VA 23103
PHONE: (804) 556-5000
FAX: (804) 556-5100
E-MAIL: FCGoochland@aol.com

FREE CLINIC OF PULASKI COUNTY

Cindy M. Umberger, Executive Director
PO Box 1088
Pulaski, VA 24301
PHONE: (540) 980-0922
FAX: (540) 980-2931
E-MAIL: Pulfreeclinic@psknet.com

FREE CLINIC OF THE NEW RIVER VALLEY

<http://www.nrvfreeclinic.org>
Richard Pantaleo, Executive Director
PO Box 371
Christiansburg, VA 24068
PHONE: (540) 381-0820

FAX: (540) 382-3391
E-MAIL: fcpsmc@naxs.net

FREE MEDICAL CLINIC OF NORTHERN SHENANDOAH VALLEY

Jean Lee, Executive Director
PO Box 44
Winchester, VA 22604
PHONE: (540) 662-2130
FAX: (540) 662-5321
E-MAIL: fmc@visuallink.com

GLOUCESTER-MATHEWS FREE CLINIC

Nicki Royall Peet, Executive Director
PO Box 943
Hayes, VA 23072
PHONE: (804) 642-9515
FAX: (804) 684-3691
E-MAIL: gmfc@crosslink.net

H.E.L.P. FREE CLINIC

William T. Day, Executive Director
PO Box 4066
Hampton, VA 23664
PHONE: (757) 850-8956
FAX: (757) 850-8957
E-MAIL: Bday94@aol.com

HARRISONBURG-ROCKINGHAM FREE CLINIC

Elly Swecker, Executive Director
25 West Water Street
Harrisonburg, VA 22801
PHONE: (540) 433-5431
FAX: (540) 574-0207
E-MAIL: eswecker@cfw.com

HEALING HANDS HEALTH CENTER

Aulikki Brandt, Executive Director
210 Memorial Drive
Bristol, TN 37620
PHONE: (423) 652-0260
FAX: (423) 652-0694
E-MAIL: abrandt@chartertn.net

LACKEY FREE FAMILY MEDICINE CLINIC

<http://www.lackeyfreeclinic.com>
Marianne McKee, Executive Director
810 McCrae Drive

Newport News, VA 23608
PHONE: (757) 886-0608
FAX: (757) 886-0608
E-MAIL: lackey-clinic@cox.net

LLOYD F. MOSS FREE CLINIC
Karen Dulaney, Executive Director
P.O. Box 1843
Fredericksburg, VA 22402
PHONE: (540) 741-1065
FAX: (540) 741-1096
E-MAIL: mfclinic@staffnet.com

LOUISA COUNTY RESOURCE COUNCIL
Susan E. Dunn, Executive Director
PO Box 52
Louisa, VA 23093
PHONE: (540) 967-1510
FAX: (540) 967-0083
E-MAIL: susanmail@aol.com

MADISON FREE CLINIC
Eve Bargmann, MD, President
PO Box 914
Madison, VA 22727
PHONE: (540) 948-3667
FAX: (540) 661-3060
E-MAIL: eb2d@virginia.edu

NORTHERN NECK FREE HEALTH CLINIC
Jean Nelson, Executive Director
PO Box 1694
Kilmarnock, VA 22482
PHONE: (804) 435-0575
FAX: (804) 435-9017
E-MAIL: nmfhc@rivnet.net

PRINCE WILLIAM AREA FREE CLINIC
Michelle Schuller, Executive Director
9301 Lee Avenue
Manassas, VA 20110
PHONE: 703 792-6378 (Manassas Clinic)
PHONE: (703) 792-7321 (Woodbridge Clinic)
FAX: (703) 792-6338
E-MAIL: ndecarlo@vdh.state.va.us

PRO BONO COUNSELING PROGRAM

Amy Forsyth-Stephens, Executive Director
303 Church Street
Blacksburg, VA 24060
PHONE: (540) 951-4990
FAX: (540) 951-5015
E-MAIL: astephens@mhanrv.org

RESCUE MISSION HEALTH CARE CENTER

Joy Sylvester-Johnson, Executive Director
404 Fourth Street
Roanoke, VA 24013
PHONE: (540) 777-7669
FAX: (540) 344-4387
E-MAIL: joy@rescuemission.net

RICHMOND AREA HIGH BLOOD PRESSURE CENTER

Susan C. Speese, Executive Director
PO Box 5039
Richmond, VA 23220
PHONE: (804) 359-9375
FAX: (804) 359-2635
E-MAIL: sspeese617@aol.com

ROCKBRIDGE AREA FREE CLINIC

Suzanne Sheridan, Executive Director
PO Box 1573
Lexington, VA 24450
PHONE: (540) 464-8700
FAX: (540) 464-1362
E-MAIL: freeclin@rockbridge.net

SHENANDOAH COUNTY FREE CLINIC

Pam Murphy, Executive Director
PO Box 759
Woodstock, VA 22664
E-MAIL: scfc@shentel.net

SMYTH COUNTY FREE CLINIC

Mel Leaman, Executive Director
PO Box 1273
Marion, VA 24354
PHONE: (276) 781-2090
FAX: (276) 781-0866
E-MAIL: melleaman@adelphia.net

ST. LUKE COMMUNITY CLINIC

Marge Rowe, Executive Director
842C North Shenandoah Avenue
Front Royal, VA 22630
PHONE: (540) 636-4325
FAX: (540) 636-1743
E-MAIL: rowestluke@adelphia.net

SURRY AREA FREE CLINIC

Elsie Dennis, Executive Director
PO Box 32
Surry, VA 23883
PHONE: (757) 294-0132
FAX: (757) 294-3756
E-MAIL: edennisexec@aol.com

TRI-COUNTY HEALTH CLINIC

Mary Ann Sizemore, Executive Director
PO Box 202
Richlands, VA 24641
PHONE: (276) 963-8505
FAX: (276) 963-4022
E-MAIL: health@netscope.net

Note: List reprinted with permission of the Virginia Association of Free Clinics (VAFC).

2. Low-Cost Clinics

The City of Alexandria

Queen Street Clinic

1000 Queen Street
Alexandria, VA 22314
(703) 299-9701

This privately run clinic is the only low-cost clinic for the general public in Alexandria.

General medicine; appointments necessary.

Appointments available Mon. - Fri., 9 - 5 P.M. (last appointment is at 4 P.M.).

Flat fee per visit (\$45); no documentation needed.

Lab tests, imaging, and x-rays cost extra.

Fairfax County, VA

These clinics are operated by the Fairfax County Health Department.

Bailey's Health Center

6196 Arlington Blvd.
Falls Church, VA 22044
703-237-3446 TTY: 703-237-8702

Hours:

Monday and Tuesday: 11:00 a.m. - 7:30 p.m.

Wednesday, Thursday, Friday: 8:00 a.m. - 4:30 p.m.

South County Health Center

8350 Richmond Highway, Suite 301
Alexandria, VA 22309
703-704-5333 TTY: 703-704-6680

Hours:

Monday and Tuesday: 11:00 a.m. - 7:30 p.m.

Wednesday, Thursday, Friday: 8:00 a.m. - 4:30 p.m.

North County Health Center

11484 Washington Plaza West, Suite 300
Reston, VA 20190
703-689-2180 TTY: 703-689-3281

New Hours

Monday and Tuesday: 11:00 a.m. - 7:30 p.m.

Wednesday, Thursday, Friday: 8:00 a.m. - 4:30 p.m.

Virginia Primary Care Association (VPCA)

The following clinics offer services for a sliding scale or low flat rate. People seeking services need to provide past paycheck stubs, public assistance receipts, or other documentation of income. Call individual clinics for their specific payment policies and documentation requirements. For the most up-to-date list of members, see VPCA's webpage (<http://www.vpca.com>).

VPCA Membership Directory

- C = Community Health Center
- M = Migrant Health Center
- H = Health Care for the Homeless Program
- R = Rural Health Clinic
- O = Other
- = Sites
- * = Organizational Member
- ** = Associate Member

ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES, INC.®
3804 Executive Ave. Apt. D1-D3
Alexandria, VA 22305
(703) 535-7930
Jennelle Charles Executive Director

BLAND COUNTY MEDICAL CLINIC (C) *
Route 1, Box 102
Bastian, VA 24314
(276) 688-4331
Susan Greever, Executive Director

BLUE RIDGE MEDICAL CENTER (C) *
4038 Thomas Nelson Highway
Arrington, VA 22922
(434) 263-5953/8594
Robert LeDoyen, Executive Director

CENTRAL VIRGINIA HEALTH SERVICES (C) *
P.O. Box 220
New Canton, VA 23123
(434) 581-3271/3273
Rod Manifold, Executive Director

- Alberta Family Health Services
29 First Street
Alberta, VA 2382
(434) 949-7211

- Central Virginia Community Health Center
Highway 15
PO Box 220
New Canton, VA
(434) 581-3271
- Charles City Regional Health Services
9950 Courthouse Road
Charles City, VA 23030
(804) 829-6600
- Charlotte Primary Care
165 LeGrande Avenue
Charlotte Courthouse, VA 23923
(804) 542-5560
- Hopewell Health Care Alliance
220 Appomattox Street
Hopewell, VA 23860
(804) 458-1297
- King William Community Doctors
11814 King William Road
Aylett, VA 23009
(804) 769-3022
- Prince George Health Care Alliance
Prince George Courthouse Complex
6450 Administrative Drive
Prince George, VA 23875
Contact (804) 863-1652 Ext. 204/211
- Petersburg Health Care Alliance
301 Halifax Street
P.O. Box 2081
Petersburg, VA 23804
(804) 863-1652
- Southern Albemarle Family Practice
2256 Irish Road
Esmont, VA 22937
(434) 286-3602
- Westmoreland Medical Center
Route 3, Kings Highway
P.O. Box 880
Montross, VA 22520
(804) 493-9999
- Women's Health Center
800 Buffalo Street
Farmville, VA 23901
(434) 392-8177

CLINCH RIVER HEALTH SERVICES (C) *

Route 1, Box 20
Dungannon, VA 24245
(276) 467-2201
Carolyn Bowen, Administrator

DAILY PLANET, THE (H) *

Health Care for the Homeless
517 W. Grace Street
Richmond, VA 23220
(804) 783-0678
Peter Prizzio, Executive Director

EASTERN SHORE RURAL HEALTH SYSTEM (C, M) *

Corporate Office
9434 Hospital Ave
P.O. Box 1039
Nassawadox, VA 23413
(757) 414-0400
Nancy Stern, CEO
Website: <http://www.esrh.org>

- Accomack County School Based Dental Program
(Pungoteague Clinic)
28480 Bobtown Road
Melfa, VA 23410
(757) 789-7777
- Accomack County School Based Dental Program
(Metompkin Clinic)
24501 Parksley Road
Parksley, VA 23421
(757) 665-1159
- Atlantic Community Health Center
8034 Lankford Highway
P.O. Box 130
Oak Hall, VA 23416
(757) 824-5676
- Bayview Community Health Center
22214 South Bayside Road
P.O. Box 970
Cheriton, VA 23316
(757) 331-1086
- Chincoteague Island Community Health Center
4049 Main Street
Chincoteague, VA 23336

- (757) 336-3682
- Franktown Community Health Center
9159 Franktown Road
P.O. Box 9
Franktown, VA 23354
(757) 442-4819
- Northampton County School Based Dental Program
24023 Fairview Road
Cape Charles, VA 23310
(757) 331-6004
- Onley Community Health Center
20280 Market Street
P.O. Box 86
Onley, VA 23418
(757) 787-7374
- Tangier Community Health Center
Tangier Island General Delivery
Tangier, VA 23440
(757) 891-2412

HAYES E. WILLIS HEALTH CENTER

4730 North Southside Plaza
PO Box 980323
Richmond, VA 23224-0323
(804) 230-7775
Allison Coles-Johnson, Practice Manager

HEALTHCARE ON THE SQUARE (C) *

450 Washington Street
P.O. Box 540
Boydton, VA 23917
(434) 738-6102
Carol Dill, Executive Director
Website: www.boydtonmedical.org

HIGHLAND MEDICAL CENTER (R) **

US Route 220 S.
P.O. Box 490
Monterey, VA 24465
(540) 468-3300
Terry Lowd, Executive Director

HORIZON HEALTH SERVICES (C) *

P.O. Box 45
Ivor, VA 23866

(757) 859-6161

Cheryl Ebersole, Administrator

- Ivor Medical Center (site name for above address)
8575 Ivor Road
Ivor, 23866
(757) 859-6161
- Waverly Medical Center
344 W. Main Street
P.O. Box 29
Waverly, VA 23890
(804) 834-8871

IRVIN GAMMON CRAIG HEALTH CENTER (O) **

8000 Brook Road

Richmond, VA 23227

(804) 264-2986

Tony Selton, Executive Director

JOHNSON HEALTH CENTER/CENTRA HEALTH**

320 Federal Street

Lynchburg, VA 24501

434-947-4171 Fax: 434-947-4706

Joseph Payne, Executive Director

Peter Houck, MD, Medical Director

KUUMBA COMMUNITY HEALTH & WELLNESS CENTER (C) *

3716 Melrose Avenue NW

P.O. Box 6097

Roanoke, VA 24017

(540) 362-5158

Eileen Lepro, Executive Director

OLDE TOWNE MEDICAL CENTER (R) **

5249 Olde Towne Road

Williamsburg, VA 23188

(757) 259-3258

Judy Knudson, Executive Director

Web Site: http://www.james-city.va.us/resources/communityserv/div_otmc.html

PENINSULA INSTITUTE FOR COMMUNITY HEALTH (C, H) *

4714 Marshall Avenue

Newport News, VA 23607

(757) 244-8560

Edwina Gary, CEO

Website: <http://www.pich.org>

- PICH @ 48th (site name for above address)
4714 Marshall Avenue
Newport News, VA 23607
(757) 244-8560
- PICH @ Stoneybrook
15425 Warwick Blvd.
Newport News, VA 23608
(757) 874-8400
- Main Street Physicians
157 N. Main Street, Suite A
Suffolk, VA 23434
(757) 925-1866

PORTSMOUTH COMMUNITY HEALTH CENTER (C) *

664 Lincoln Street

Portsmouth, VA 23704

(757) 397-0042

Cynthia Creede, Executive Director

Website: <http://www.portshealth.org>

- Beazley Dental Clinic
664 Lincoln Street
Portsmouth, VA 23704
(757) 383-4588
- Park Place Medical Center
3415 Granby Street
Norfolk, VA 23508
(757) 533-9108

SHENANDOAH VALLEY MEDICAL SYSTEMS (C, M) *

1088 Shepherdstown Road

P.O. Box 1146

Martinsburg, WV 25402

(304) 263-4999

David Fant, Executive Director

- Mt. Jackson Migrant Clinic
c/o Mt. Jackson Family Health Center
5173 N. Main Street
Mt. Jackson, VA 22842
(540) 722-2369

- Winchester Migrant Clinic
867 Fairmont Avenue
P.O. Box 2557
Winchester, VA 22601
(540) 722-2369

SOUTHERN DOMINION HEALTH SYSTEMS (C) *

1508 K-V Road
P.O. Box 70
Victoria, VA 23974
(434) 696-2165
Carolyn Bagley, Executive Director

- Dinwiddie Medical Center
13721 Boydton Plank Road
Dinwiddie, VA 23841
(804) 469-3731
- Emporia/Greensville Medical Center
702 N. Main Street
Emporia, VA 23847
Ph: (434) 634-7723
- KenCare Family Medicine & Minor Surgery
119 7th Street
P.O. Box 70
Victoria, VA 23974-0070
(804) 676-9355

SOUTHWEST VIRGINIA COMMUNITY HEALTH SYSTEMS INC. (C, M) *

P.O. Box 729
Saltville, VA 24370
(276) 496-4433/5241
Howard Chapman, Jr., Executive Director

- Saltville Medical Center (site name for above)
308 West Main Street
Saltville, VA 24370
(276) 496-4433
- Troutdale Medical Center
67 High Country Lane
Troutdale, VA 24378
(276) 677-4187

STAUNTON RIVER MEDICAL CENTER (O) **

553 Pocket Road

Box 760

Hurt, VA 24563

(434) 324-4411

Lillian Gillespie, Administrator

STONE MOUNTAIN HEALTH SERVICES (C) *

602 West Morgan Avenue, Suite 3

Pennington Gap, VA 24277-2036

(276) 546-5310

Malcolm Perdue, CEO

- Clinch River Dental Clinic
P.O. Box 128
Dungannon, VA 24245
(276) 467-2344
- Clinchco Dental Clinic
Rt. 83
P.O. Box 397
Clincho, VA 24226
(540) 835-9041
- Davenport Clinic
Rt. 80
P.O. Box 309
Davenport, VA 24239
(540) 859-0859
- Haysi Clinic
102 O'Quinn Drive
Haysi, VA 24256
(540) 865-5121
- Holston Family Health Center
306 S. Shady Ave
P.O. Box 456
Damascus, VA 24236
(540) 475-5116
- Konnarock Family Health Center
20471 Azen Road
Damascus, VA 24236
(276) 388-3411
- Pennington Family Health Center
West Morgan Ave.
P.O. Box 70, Ste. D
Pennington Gap, VA 24277
(540) 546-3001

- St. Charles Community Health Center
100 Main Street
P.O. Drawers
St. Charles, VA 24282
(540) 383-4428
- St. Charles Respiratory Care Center
100 Main Street
P.O. Drawer S
St. Charles, VA 24282
(540) 383-4483
- Thompson Family Health Center
Rt. 83
P.O. Box 1149
Vansant, VA 24656
(276) 597-7081
- Vansant Respiratory Care Center
HCO67 Box 24
Vansant, VA 24656
(540) 935-4095
- Western Lee County Health Clinic
P.O. Box 159
Rt. 58
Ewing, VA 24248
(276) 445-4826
- William A. Davis Clinic
Hwy 63 North Clinic Drive
P.O. Drawer 900
St. Paul, VA 24283
(540) 762-0770

STONY CREEK COMMUNITY HEALTH CENTER (C) *

12454 Hartley Street
P.O. Box 188
Stony Creek, VA 23882
(434) 246-6100
Alice Mullins Meyer, Executive Director
Website: <http://www.stonycreek.org>

TRI-AREA HEALTH CLINIC (C) *

14168 Danville Pike Suite 1
P.O. Box 9
Laurel Fork, VA 24352
(276) 398-2292
Debra Shelor, Executive Director

TRI-STATE COMMUNITY HEALTH CENTER (C) **

130 West High Street
Hancock MD 21750
(301) 678-7256
Paul Capcara, Executive Director

VERNON J. HARRIS EAST END COMMUNITY HEALTH CTR (C) *

719 N. 25th Street
Richmond, VA 23223
(804) 780-0840
Tracy Causey, Executive Director

Note: List reprinted with permission from VPCA.

Migrant Health Care

Migrant Health Network (MHN)

This network of community health clinics, their affiliated sites, and some mobile clinics serve eight counties: Lee, Scott, Russell, Smyth, Washington, Grayson, Carroll, and Patrick. Payment is on a sliding scale. Documentation of income is requested, with the understanding that some migrant workers may be unable to provide it. Services from mobile clinics, which are used during summer and fall, are free. If a teacher wishes to refer students for MHN services or collaborate with MHN on health education and outreach for her students, she should call Program Director Mary Bell Boltwood, RN, at 276-944-4455 or email her at marybell@juno.com. MHN's website is at <http://home.naxs.com/mhn/>.

Note: Additional sources of migrant health care are indicated with an M in the above VPCA list.

MHN Clinic sites:

Central Office

Mary Bell Boltwood, RN

Program Coordinator Migrant Health Network--Alianza De Salud

P.O. Box 95

Emory, VA 24327

Phone: 540-944-4455

Fax: 540-944-3657

Email: marybell@juno.com

Saltville Medical Clinic

(Smyth & Washington Counties)

Howard Chapman

P.O. Box 729

Saltville, VA 24370

Phone: 540-496-4433

Stone Mountain Health Services

(Lee & Russell Counties)

Malcolm Perdue

P.O. Drawer S

St. Charles, VA 24282

Phone: 540-383-4428

Clinch River Health Services

Carolyn Bowen

Route 1, Box 20

Dungannon, VA 24245

Phone: 540-467-2201

Tri-Area Health Clinic
(Carroll, Grayson, and Patrick Counties)
Debra Shelor
P.O. Box 9
Laurel Fork, VA 24352
Phone: 540-398-2292

Appendix B: Affordable Legal Services in Virginia

Legal Services Corporation of VA

700 East Main Street, Suite 1504

Richmond, VA 23219-2620

804-782-9438; info@lscv.org

<i>Geographic Areas Served</i>	<i>Program Information</i>	<i>Contact Information</i>
Harrisonburg, Staunton, Waynesboro, Augusta, Highland, page & Rockingham, Winchester, Front Royal, Clarke, Frederick, Shenandoah, Warren, Roanoke, Salem, Bedford, Franklin, Craig, Botetourt <u>WITH OFFICES IN:</u> Harrisonburg, Roanoke, Lexington & Winchester	Blue Ridge Legal Services, Inc. 204 North High Street Harrisonburg, Virginia 22801 http://www.brls.org/ Cases: Family, health, consumer, housing, bankruptcy, elder law, government benefits & domestic violence.	(540) 433-1830 phone (540) 433-2202 fax 1-800-237-0141 clients jwhitfield@brls.org
Richmond, Charles City, Chesterfield, Hanover, Henrico, New Kent, Goochland, Powhatan <u>WITH OFFICES IN:</u> Richmond, Petersburg & Charlottesville	Central Virginia Legal Aid Society 101 West Broad Street, Suite 101 Richmond, Virginia 23220 http://www.cvlas.org/ Cases: Housing, divorce, custody, spousal adoptions, consumer/bankruptcy, public benefits/welfare, food stamps, Medicaid, Social Security, Elderly, civil rights/discrimination, unemployment compensation, federal litigation, rights of the handicapped, wills.	(804) 648-1012 phone (804) 649-8794 fax henry@cvlas.org
Charlottesville, Albemarle, Fluvanna, Louisa, Greene, Nelson	Central Virginia Legal Aid Society Charlottesville Office 617 West Main Street, 2nd Floor Charlottesville, Virginia 22903 http://www.cvlas.org/ Cases: General civil, housing, family, employment, education, consumer, wills.	(434) 296-8851 phone (434) 296-5731 fax 1-800-390-9983 clients henry@cvlas.org
Petersburg, Hopewell, Colonial Heights, Surry Prince George, Dinwiddie, Charles City	Central Virginia Legal Aid Society Petersburg Office 10-A Bollingbrook Street Petersburg, Virginia 23803 http://www.cvlas.org/ Cases: General civil, housing, family, employment, education, consumer, wills.	(804) 862-1100 phone (804) 861-4311 fax henry@cvlas.org
Accomack, Northampton, Hampton, Newport News, Norfolk, Chesapeake, Portsmouth, Virginia Beach	Eastern Virginia Legal Aid Society 125 St. Paul's Boulevard, # 300 Norfolk, Virginia 23510	(757) 627-5423 phone (757) 627-7582 fax (888) 868-1072 toll-free phillipb@tlasva.org

<u>WITH OFFICES IN:</u> Norfolk & Hampton	Cases: Domestic relations, employment, housing, government benefits, landlord/tenant, consumer/commercial.	
Charlottesville, Counties of Albemarle, Fluvanna, Greene, Louisa, Nelson, Richmond, Charles City, Chesterfield, Hanover, Henrico, New Kent, Goochland, Powhatan, Petersburg, Hopewell, Colonial Heights, Surry, Prince George, Dinwiddie, Charles City Statewide assistance for Farm Workers and Low Wage Immigrant Workers <u>WITH OFFICES IN:</u> Charlottesville, Richmond, Petersburg & Falls Church	Legal Aid Justice Center 1000 Preston Avenue, Suite A Charlottesville, VA 22903 http://www.justice4all.org/ Cases: Health Care, Education & Access to Services for Children	(434) 977-0553 phone (434) 977-0558 fax alex@justice4all.org
Bedford, Buena Vista, Clifton Forge, Covington, Lexington, Roanoke & Salem; Counties of Alleghany Bath, Bedford, Botetourt, Craig, Franklin, Roanoke & Rickbridge	Legal Aid Society of Roanoke Valley 416 Campbell Avenue, SW Roanoke, Virginia 24016 Cases: Family, consumer/finance, income maintenance, housing, employment, health, juvenile, other civil cases.	(540) 344-2088 phone (540) 342-3064 fax 1-800-711-0617clients henry@lasrv.org
Accomack, Northampton, Hampton, Newport News, Gloucester, James City, Mathews, Middlesex, York, Norfolk, Chesapeake, Portsmouth, Virginia Beach, Accomack, Northampton, Hampton, Newport News, Norfolk, Chesapeake, Portsmouth, Virginia Beach <u>WITH OFFICES IN:</u> Hampton, Norfolk, Virginia Beach, Belle Haven & Williamsburg	Legal Services of Eastern Virginia 2017 Cunningham Drive, Suite 300 Hampton, Virginia 23666 http://www.legalaidva.org/ Cases: Consumer, employment, domestic relations, housing, government benefits	(757) 827-0350 phone (757)827-5144 fax 1-800-944-6624clients director@lseva.org
Alexandria, Falls Church, Arlington, Fairfax, Loudoun, Prince William <u>WITH OFFICES IN:</u> Falls Church, Arlington, Alexandria, Fairfax, Loudoun & Manassas	Legal Services of Northern Virginia 6400 Arlington Boulevard, # 630 Falls Church, Virginia 22042 http://www.legalaidhelp.org/ Cases: Domestic, housing, bankruptcy, landlord/tenant, AFDC, Food Stamps, wills, contracts, Medicare, utilities and other civil cases	(703) 534-4343 phone (703) 532-3990 fax Email
Alexandria, Fairfax, Falls Church; Counties of Arlington, Fairfax,	Potomac Legal Aid Society 6400 Arlington Boulevard, #600	(703) 538-3975 phone (703) 532-3990 fax

Loudoun & Prince William, Alexandria, Falls Church, Arlington, Fairfax, Loudoun, Prince William, Caroline, Fredericksburg, King George, Spotsylvania, Stafford, Culpeper, Fauquier, Madison, Orange, Rappahannock, Essex, King & Queen, King William, Lancaster, Northumberland, Richmond Co., Westmoreland <u>WITH OFFICES IN:</u> Falls Church & Fredericksburg	Falls Church, Virginia 22042 Cases: Domestic, Housing, Bankruptcy, Landlord/tenant, TANF, Food Stamps, Wills, Contracts, Medicare, Utilities & other civil cases	<u>Email</u>
Caroline, Fredericksburg, King George, Spotsylvania, Stafford, Culpeper, Fauquier, Madison, Orange, Rappahannock, Essex, King & Queen, King William, Lancaster, Northumberland, Richmond Co., Westmoreland <u>WITH OFFICES IN:</u> Fredericksburg, Culpeper & Tappahannock	Rappahannock Legal Services 910 Princess Anne Street, 2nd Floor Fredericksburg, Virginia 22401 http://www.erols.com/rlsfred Cases: Housing, education, domestic relations, public benefits, consumer, employment.	(540) 371-1105 phone (540) 371-1114 fax rlsfred@erols.com
Galax, Bristol, Smyth, Wythe, Bland, Washington, Grayson, Carroll <u>WITH OFFICES IN:</u> Marion, Castlewood & Christiansburg	Southwest Virginia Legal Aid Society 227 West Cherry Street Marion, Virginia 24354 http://www.svlas.org/ Cases: debtor relief, government benefits, health, housing, domestic violence, foster care.	(276) 783-8300 phone (276) 783-7411 fax 1-800-277-6754 clients svlas@svlas.org
Norton, Buchanan, Dickenson, Lee, Russell, Scott, Tazewell, Wise	Southwest Virginia Legal Aid Society P.O. Box 670 Castlewood, Virginia 24224 http://www.svlas.org/	(276) 762-9354 phone (276) 762-9356 fax 1-888-201-2772 clients svlas@svlas.org
Radford, Floyd, Giles, Montgomery, Pulaski	Southwest Virginia Legal Aid Society 155 Arrowhead Trail Christiansburg, Virginia 24073 http://www.svlas.org/ Cases: Government benefits, housing, domestic relations, consumer, bankruptcy, Social Security disability, SSI, educational law, wills, health law.	(540) 382-6157 phone (540) 382-5981 fax 1-800-468-1366 clients svlas@svlas.org
Danville, Henry, Patrick, Pittsylvania, Emporia, Sussex, Brunswick, Greenville, Mecklenburg, South Boston, Amelia, Prince Edward, Nottoway, Cumberland, Lunenburg, Charlotte, Buckingham, Halifax, Lynchburg.	Virginia Legal Aid Society 513 Church Street Lynchburg, Virginia 24505 http://www.vlas.org/ Cases: Domestic relations, education, housing, government benefits, consumer/commercial, employment.	(804) 528-4722 phone (804) 528-3571 fax davidn@vlas.org

Amherst, Appomattox, Campbell, Martinsville, Henry, Patrick, Suffolk, Franklin, Isle of Wight, Southampton		
WITH OFFICES IN: Lynchburg, Danville, Emporia, Farmville, Halifax & Suffolk		
State of Virginia	Virginia Poverty Law Center, Inc. 201 West Broad Street, Suite 302 Richmond, Virginia 23220 http://www.vplc.org/	(804) 782-9430 phone (804) 649-3746 fax (800) 868-8752 toll-free steve@vplc.org

Note: Used with permission of Legal Services Corporation of Virginia (<http://www.lscu.org/map1.htm>).

Appendix C: Reproducible Teaching Materials and Lesson Plans: *Picture Stories for Adult Health Literacy*

by Kate Singleton

The picture stories on the following pages were originally created for use with limited English proficient (LEP) learners. Many of the themes they contain, however, are pertinent to all adult literacy learners. Lesson plans using the Language Experience Approach (LEA) are provided as well as background social and cultural information to help teachers understand and communicate the issues to learners. While the approach provided is LEA, the picture stories may be used in a variety of other ways to generate discussion and writing on the health topics.

The following is reprinted with permission of the National Center for ESL Literacy Education. Picture stories follow the text.

NCLE Picture Stories for Adult ESL Health Literacy

Fairfax County (Virginia) Public Schools

The picture stories are:

- Designed to help ESOL instructors address topics that affect the health and well-being of their students.
- Useful for beginner and low-literacy students. Newcomers to the United States and adults with lower literacy tend to have the least awareness of and access to health care services, thereby running the risk of more serious and chronic health outcomes. Words are kept to a minimum in the stories to give just enough information to convey an idea without becoming too distracting for students with very low literacy.
- Designed to be safe, impersonal prompts to allow students to discuss difficult topics, ask questions, and obtain information. As the stories are about cartoon characters, the students should not feel pressure to disclose their own experiences on the topic if they don't want to.
- Adaptable for use at different levels.

What groups of students are the picture stories suitable for?

The stories "Emergency," "A Doctor's Appointment," and "Stressed Out" are suitable for most classes, as the topics are common and uncontroversial. "What Should She Do?," however, should be used with discretion, as its topic of domestic violence may evoke strong reactions and discomfort, especially if a class member has experienced domestic violence personally or knows someone who has.

How can the stories be used in class?

The Language Experience Approach (LEA) is an effective way to use the picture stories with beginners.

Benefits of LEA:

- Uses the students' own language, experiences and observations to create a product, their own story.
- Promotes speaking, listening, reading and writing, while letting students decide on the content.
- Life skills are discussed, and the students negotiate to come up with a story on which all can agree.

Suggested LEA procedure:

- The teacher can ask the students what is happening in each frame of the story. She can ask questions to elicit specific details or observations, and if students don't have a clear idea of what to say, various scenarios can be discussed until the class chooses one they like.
- Once the whole story has been elicited orally, the teacher tells the students that she will write it down as they retell it. While the students retell it, the teacher writes, trying to stay close to the students' own language. She can smooth it out for clarity's sake occasionally, but the story should be the students' product, based on their ideas.
- The teacher can ask questions again to make sure important information or vocabulary is included.
- After the story has been written, the class can practice reading it chorally and individually.
- Students can then copy it down (it's best to leave this step until the end; if students are writing as the teacher is eliciting the story, they don't participate in the creation of the story.).
- If reading is a skill focus of the class, various follow-up activities like sentence or word sequencing, or cloze activities can be done in a later class. If oral skill development is the focus, retelling without reading could be practiced.

Are there any other considerations?

In using picture stories, teachers should carefully consider the images that they choose to use. Cartoons or similar drawings or illustrations that incorporate figures of isolated body parts may not be recognizable or comprehensible to all English language learners. This may be especially true for learners with limited literacy in their native languages. Drawings of people or body parts may even be offensive to some groups. Teachers need to be aware of these issues and be prepared to use alternative resources such as photographs, videos, or gestures.

Picture Story 1: Emergency

Picture Story 2: A Doctor's Appointment

Picture Story 3: Stressed Out!

Picture Story 4: What Should She Do?

Picture Story 5: Depressed **new**

Picture Story 6: The Right Dose **new**

Picture Story 7: What Happened to My Body? **new**

Picture Story 8: Snack Attack **new**

Picture Story 1: Emergency!

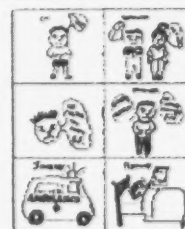
View the picture story.

Health literacy issues:

- access to care; availability of low or no-cost health care for low-income uninsured
- cost of care; cost comparison of preventive care and emergency care;
- negotiating a payment plan; credit records and non-payment of bills
- health insurance system, availability, procedures
- the culture of preventive care in the United States

The basic story:

A man feels pain symptoms in June, but ignores them because he doesn't have insurance and feels he can't afford medical care without it. A female acquaintance suggests that he



see a doctor, but he repeatedly refuses to because of his concern about the cost. Six months after his pain starts, he is taken to the emergency room by ambulance because his condition has worsened. A month later, he is still in bed, faced with a large hospital bill which he doesn't know how he will pay.

Background information:

- Beginning and low literacy students commonly report to ESOL teachers that they don't have insurance and don't go to the doctor in the United States because it costs too much money.
- Students are often unaware of local low or no-cost clinics that they are eligible to use, or they fear that using clinics will jeopardize their immigration status. Low or no-cost clinics exist in many urban areas and some rural areas in the U.S. Low cost clinics charge fees on a sliding scale based on income. New patients may need to make a preliminary appointment for verifying eligibility before they can have a medical appointment at some clinics. Some clinics periodically close enrollment because they are overburdened, so a student might need to check back regularly to see if new patients are being accepted.
- Consequently, conditions that could be treated at relatively low cost and physical discomfort to the patient can become very costly and chronic when treatment is delayed.
- Such situations can derail a student's efforts to attend school or maintain employment, among other repercussions.
- When students do see a U.S. health care provider, they may be confused by the expectation of self-care and prevention in our health care culture if these are not the norm in their native culture.

Suggested questions for prompting discussion while eliciting the story:

- First frame: What is happening in the picture? What do you see? What is the man's name? What's the matter with him? What is he saying? What does "ouch" mean?(What do you say in your language when you are hurt?) When is it happening?
- Second frame: When is it now? How is the man now? What is he saying? Who is the woman? What is she saying? (If students just say, "Doctor?," ask them for a complete question, like "Did you see a doctor?")
- Third frame: What does he answer? (Again, try to elicit more words than "No doctor. Too much money." If students are confused or hesitant, you can propose "I can't go to the doctor! It costs too much money!")
- Fourth frame: When is it now? How does he feel now? (A common answer is "Double ouch!") Does he go to the doctor in December? Why not?
- Fifth frame: When is it now? What's happening? Where is he now? Where is he going? What room will he go to in the hospital? What will happen in the emergency room? (This can bring up vocabulary like surgery, operation, medicine, etc.)

- Sixth frame: Now what month is it? Where is he now? What is he looking at? How much do you think the bill is for? How much does it cost to go to the emergency room? How much does surgery cost? How much does it cost to go in an ambulance? What is he thinking? How is he feeling? What can he do?

With the sixth frame the opportunity arises for particularly valuable discussion on students' health care options and responsibilities:

- Can he do anything different in June so he will not have a big problem in January? (Some students may bring up valuable suggestions for preventive care, such as exercising, taking vitamins, reducing stress, etc. Some may have experience with clinics and volunteer information, which is great!)
- Can he go somewhere to see a doctor? (Often this meets a negative response from students who are unaware of local affordable clinics. The teacher can provide the phone number, address and basic eligibility information for such clinics and explain that their use is not reported to Immigration.)
- How will he pay the bill? (Some students may have had the experience of arranging a payment plan with a hospital. If not, the teacher can bring up the idea. Also, individual doctors may agree to charge less for uninsured patients.)
- What happens if he doesn't pay the bill? (This can lead to discussion of credit, why it's important, what it is needed for, and how to keep in good standing.)

Additional Useful Information

The following information can be helpful for your students. Language is simplified, but you can decide how to present it, how much to present and what specific information suits the interest and needs of your students. The information may be used for teacher reference, or it may be modified for the level of your students to make an informational handout or other activity.

Paying for health care if you do not have insurance

- Is there a low-cost or free clinic near your home? Find the phone number and call to see if you qualify for treatment there. Sometimes you need to wait a few weeks for your first appointment because the clinics are busy.
- If you do not have insurance, sometimes (not always!) regular doctors charge less for uninsured people's treatment. You need to ask at the doctor's office or hospital. Sometimes no one tells you if you don't ask.
- If you have a big bill that you cannot pay at one time, ask if you can have a payment plan. With a payment plan, you pay the same amount each month (for example, \$50) until you finish paying everything off.
- If you do not pay a medical bill, usually your bill will go to a collections agency. This is very serious! Collections agencies give you a bad credit rating in computer systems that banks and many other businesses can check. If you do not pay the collections agency, you will have bad credit. With bad credit, you cannot buy a house, car, or college education. You cannot rent a new apartment. You cannot

get a credit card. You cannot receive a loan from a bank, and sometimes you cannot open a bank account. It is very difficult to fix bad credit.

Picture Story Two: A Doctor's Appointment

View the picture story.



Health literacy issues:

- Speaking with a health care provider
- The right to an interpreter
- Patient self-advocacy; patient's responsibility to ask questions in brief clinical encounter
- Clarification of treatment plan
- Avoiding medication errors
- Cultural perceptions of doctor/patient relationship

The basic story:

A man feels a pain and goes to the doctor. The doctor examines him, asks questions about the symptoms and gives him a lot of information. The man pretends he understands, but he doesn't speak much English and doesn't know what the doctor is saying. The doctor gives him a chance to ask questions, but the man doesn't ask any. He gets some new prescriptions but doesn't understand how to take them. At home one of his family members asks what the doctor said, and the man reports that he doesn't know. He is frustrated and confused.

Background information:

- Students report and statistics bear out that they often don't understand what health care providers tell them in English, don't feel able to ask questions, and don't understand all the written instructions for medicines and treatment.
- Fear of having to communicate in English keeps some from seeking treatment.
- Federal law (Civil Rights Act of 1964) mandates that any facility receiving federal payments (medicare, medicaid) must provide interpreters for patients whose English is limited. Specifically, the law prohibits discriminatory treatment on the basis of national origin by agencies receiving federal funds. While compliance with the law is not well-monitored, the use of trained health care interpreters is increasing in the medical field. Your local health department might be able to provide an interpreter for a students' medical appointment. Doctors sometimes subscribe to call-in translation banks that can do interpretation for most languages over the phone.
- Some cultures believe that a doctor is an expert and therefore should not be questioned. Students from such a background could benefit from learning the

importance of the patient's asking clarifying questions in today's typically brief medical encounter, and their right to seek a second opinion.

- Medication errors are a growing problem in the United States. While causes vary, evidence shows that many adults lack the literacy skills to understand medication information and instructions, which can lead to serious errors in their usage.

Suggested questions for prompting discussion while eliciting the story:

- First frame: What's the matter with the man? What is his name? What should he do?
- Second frame: Where is he now? Who is with him? What is the doctor doing? How is the man feeling?
- Third frame: What is the doctor saying? What does the man say? Do you think the man understands the doctor? Why not? Why does he say "OK"?
- Fourth frame: Now what is the doctor saying? What question does he ask the man? What does the man answer? Is that true?
- Fifth frame: Now what does the doctor ask him? What does the man answer?
- Sixth frame: Now the man leaves the doctor's office. What is in the picture with him? What is he thinking? What is the problem with taking the prescriptions?
- Seventh frame: Now where is the man? Who is he speaking with? What does she ask him? How is the man feeling now?
- Eighth frame: What does the man answer?

With the eighth frame the opportunity arises for particularly valuable discussion on language barriers in health care and what communication is expected of the patient in the U.S. health care system.

- Has this ever happened to you? (Students have reported that "This is my story," or "The man is me!")
- What advice can you give the man?
- What can someone do if they don't speak much English and they need to see the doctor? (At this point the teacher can give information about the rights of limited English speakers and any interpreting options available in the community or through a doctor's office, e.g. the call-in interpreter banks. Other suggestions students have come up with include taking a friend or family member who speaks more English, or finding a doctor who speaks your language. There is no perfect answer, but it is important to know the law and discuss options.)
- What questions can this patient ask the doctor about the prescription medicines? (The class could brainstorm a list. Some examples of possible questions follow. Questions are simplified, but some may still be difficult for lower levels and some vocabulary may need explanation. You can decide how much and what kind of information your students is suited to your students' levels and needs. You may use these as a reference, or you may modify them for your students' level to make informational handouts or other activities.)

Questions to ask the doctor about your medicine

1. What is this medicine?
2. Why am I taking it?
3. What does this medicine do?
4. How long do I need to take it?
5. When will I start feeling better?
6. What are ok side effects of the medicine?
7. What are bad side effects of the medicine?
8. What side effects do I need to call you for?
9. Is it ok to drink alcohol with this medicine/this condition?
10. Do I need to come back and have the doctor check my medicine?
(Certain medicines require that the level of the medicine in the blood is regularly monitored.)
11. Here are the names and doses of other medicines I'm taking now. Is it ok to take the new medicine with them? (Include over-the-counter medicines, prescriptions, vitamins, and herbs, from the United States and other countries.)

Additional Information

More advice for talking with doctors about your medicines

- If you cannot read the doctor's handwriting on the prescription, ask him to write it again clearly so the pharmacist can read it, too.
- Tell the doctor your allergies to medicines, and bad side effects you had from medicines in the past.
- Write a list to show the doctor or hospital staff what medicines you are taking and how much you take. If you cannot write it, put your medicines in a bag and take them with you to the doctor.
- Check before you leave the pharmacy that you got the correct medicine and that you understand how to take it. It is ok to ask the pharmacist questions.

General advice for patients in the doctor's office/hospital

(This information refers to what is expected from the patient in U.S. health care culture. It is simplified, but still uses useful health care vocabulary which may need to be introduced to your students. Again, you can decide how much and what kind of information is suited to your students' levels and needs. You may use these as a reference, or you may modify them for your students' level to make informational handouts or other activities.)

- **SPEAK UP. ASK QUESTIONS!** Doctors want patients to be interested in their treatment. In the US doctors expect you to make decisions together with them.
- If a doctor is busy, he or she sees the patient for only 10 minutes. Think of some questions before you go to the appointment so you get the information you need.

- Take a friend with you who can help you ask questions and understand the doctor. Sometimes a friend is better than someone in your family, because a family member may not be comfortable speaking about your health and body.
- Make INFORMED DECISIONS. This means learn all you can about your problem and its possible treatments before you decide what treatment to have. Ask questions to doctors, nurses, and other people who had your problem. If possible, read information about it in books and on the Internet.
- Be ready to tell the doctor what symptoms you have and how long you have had the symptoms.
- In the US, be ready to tell the doctor your family's medical history. What big health problems did your parents, grandparents, brothers and sisters have? This helps the doctor know what to check for in you.
- If you are in the hospital, talk with the doctor or nurse before you go home about what you should do and what medicines you should take when you leave the hospital. Make sure you understand everything. If you don't understand, ask more questions.
- If you don't want to take a medicine or have an operation, you can ask the doctor if there is an alternative treatment. If you are not sure that surgery is the right thing for you, you can ask a different doctor for a second opinion. (You have to pay both doctors!)
- If you need to go to the hospital for an operation, try to go to a hospital that does this operation a lot.
- If you don't hear test results in the time the doctor tells you, call the doctor to check on the results.

Picture Story Three: Stressed Out!

[View the picture story.](#)

Health literacy issues:

- stress management
- self-care
- prevention

Basic Story:

A woman wakes up in the middle of the night to feed her baby. Her family (her husband and 2 older children) is waiting for her to cook them breakfast at 7AM. She arrives late to work, and her supervisor is angry with her. On her way home from work, she is in a fender bender. Later that night, she looks at her bills and worries about money. After that, she feels completely stressed out from all the stressors of her day.



Background Information:

- Stress is something most adult ESL students can relate to. Many juggle the demands of one or more low-paying jobs while going to school and taking care of family.
- The immigration process itself generates stress as people adapt to the new culture.
- Intergenerational stress occurs as children assimilate to U.S. culture and using English faster than their parents.
- Unchecked stress can lead to physical illness in many people and mental illness, such as anxiety and depression, in some.

Suggested questions for prompting discussion while eliciting the story:

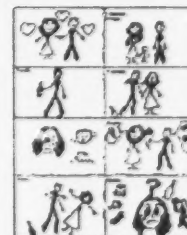
- First frame: What time is it? Who is in the picture? What is the mother doing? What is the baby doing? How does the mother feel?
- Second frame: What time is it now? Who are the people in the picture? (the woman's husband and two older children) What do they want? Who makes the breakfast for them? Where do you think the mother is now?
- Third frame: What time is it now? Now where is the woman? What is the problem? Who is the man in the picture? What is he saying? Is he happy? Why not? How does the woman feel?
- Fourth frame: What time is it now? Where is the woman? What happened? What is she thinking? How does she feel?
- Fifth frame: What time is it now? Now where do you think the woman is? What is she holding in her hand? What is she thinking? Is she happy? Why not?
- Sixth frame: What time is it now? What is the woman doing? Why?

With the sixth frame the opportunity arises for particularly valuable discussion on stress reduction and stress management.

- What are the woman's problems in the story?
- What can happen if she continues to have too much stress in her life? (e.g. make mistakes at home and on job, physical illnesses, anger, depression, anxiety)
- What advice can you give the woman to have less stress in her life? What do you do when you feel stress? (Students can create lists of ideas in groups when finished with LEA story. They could make a poster or share ideas orally.)
- What are some things that give you stress in your life?
- Can you change anything to feel less stress for yourself? What can you do?

Picture Story Four: What Should She Do?

View the picture story.



Health literacy issue:

- domestic violence

IMPORTANT: "What Should She Do?" should be used with discretion, as its topic of domestic violence may evoke strong reactions and discomfort, especially if a class member has experienced domestic violence personally or knows someone who has.

It is the author's experience that students who feel comfortable in a class sometimes ask their teacher for information about the rights of domestic violence victims in the U.S. as well as services that can provide refuge from abuse. Such students may indicate that they know a friend of a friend who is in an abusive situation. The picture story can be a safe catalyst for discussion of the law and dissemination of accurate information on services for victims.

The timeline: Times of events are shown in the story simply to indicate the passage of time for a learner to follow. They do not indicate a standard timeline of a domestic violence situation. Each situation in real life is different, and events should not be discounted as domestic violence because they are far apart or intense periods of violence are followed by fewer episodes.

The basic story:

A woman and man fall in love. They live peacefully together and start a family. One day, the man drinks too much. He gets angry and hits the woman. The woman has a black eye. The children see what happens and become upset. Later the man apologizes to the woman, tells her he loves her and gives her flowers. She is confused, but she hopes things will be better. The man drinks again, and he beats the woman again. Now the woman is very confused. She doesn't know if she should stay with the man, who says he loves her, but keeps getting drunk and beating her. She doesn't know what she should do to protect her children. She thinks about calling 911, but she isn't sure what will happen if she does.

Background information:

- Evidence shows that "there are large numbers of immigrant women trapped and isolated in violent relationships" in the United States. (Family Violence Prevention Fund website, <http://www.fvpf.org/immigration/index.html>, 1999, as cited in the ERIC Digest "Trauma and the English Language Learner" by Janet Isserlis, <http://www.cal.org/ncle/digests/trauma2.htm>.)
- Immigrants are frequently unaware that victims of abuse have legal rights in the U.S. They are also often unaware of the existence of shelters. Teachers are encouraged to find phone numbers and procedural information for shelters to provide to students in conjunction with picture story activities. Victims need a realistic idea of what they will encounter if they try to leave an abuser with the assistance of public services.

- Immigrant and refugee victims of abuse are threatened by abusers with loss of child custody and immigration status.
- Children are strongly affected by observing domestic violence. Some may become violent themselves as a result, while others withdraw or act out in other ways. For more information on this topic, see <http://www.ndvh.org/>, website of the National Domestic Violence Hotline.
- October has been designated domestic violence awareness month, which provides an impersonal opportunity to bring up the issue for educational purposes.

Suggested questions for prompting discussion while eliciting the story:

- First frame: Who are the people in the picture? How are they feeling? What are they thinking?
- Second frame: When is the picture happening? Who is in the picture now? What is new in the picture? How is the family feeling?
- Third frame: Now what day is it? Who is in the picture? What is he doing?
- Fourth frame: Now what day is it? Who is in the picture? What is the man doing? Why do you think he is hitting the woman? What is the woman doing? (Note: the alcohol is a prop in the story to illustrate a possible progression of events; however, you may want to clarify to students that domestic violence occurs without substance abuse as a precursor.)
- Fifth frame: Now what do you see? What are the mother and children doing? Why is the mother crying? Why are the children crying?
- Sixth frame: Now what day is it? What is the man doing? What do you think he is saying? What is the woman thinking?
- Seventh frame: Now what day is it? What is happening in this picture?
- Eighth frame: How is the woman? (upset, confused). She is thinking about many things. What is she thinking about? (calling police, effect on kids, alcohol problem, man says he loves her and won't do it again, etc.)

With the eighth frame the opportunity arises for particularly valuable discussion on the problems a victim of abuse faces and sources of help available in the community.

- What happens in your country in this kind of situation? Is it the same or different from the United States?
- What are the problems for the children? (trauma of seeing their mother attacked, possibility of become victims themselves, neglect by parents, etc.)
- What do you think the woman will do? Why? If they answer "stay," maybe it's for reasons of loving husband, wanting to keep the family together, embarrassed that community will find out, or fear of having to support kids alone, financially and emotionally.
- What do you think the woman should do? Why?
- What can happen if she calls 911? (maybe positive outcome of protective order and placement in shelter; or negative outcome of police don't believe her, children removed from home, etc. Students may come up with some bleak outcomes from situations they have heard about. It is important that the teacher knows in advance

what local police and social service resources are available to victims so that students know what hope and help there is for victims. Maybe a local police officer or a social worker who specializes in domestic violence cases would speak to your class.)

- What can she do if she lives in your community? (This gives you the opportunity to provide accurate information for your community.)

Picture Story Five: Depressed

[View the picture story.](#)

To print picture as a handout, use the [pdf version](#) of the file.



Health literacy issues:

- Mental health awareness
- Different cultural views on mental health issues
- Available community services for mental health care in the United States

The basic story:

In January, a woman is having an active, happy life. She is busy with work, friends, family, school, exercise and parties. In February she starts to feel sad. In March she feels worse. She cries a lot. In April she is still sad, and she doesn't want to eat. In May she feels very tired and stays in bed all day while other people are busy outside. In June she decides to ask for help.

Background information:

Depression is a very common illness worldwide, affecting an estimated 9.9 million adults in the U.S. alone annually. It is believed to be in part caused by environmental factors and in part caused by biological factors. Nearly twice as many women as men experience major depression. Depression can occur at any age to people from all ethnic, racial and socioeconomic groups. Depression is highly treatable with counseling, antidepressant medication, or a combination of the two. Many people from other countries don't know about treatment, in part because of a low presence of mental health care in many parts of the world. The World Health Organization reports that:

- Over 30% of countries do not have a mental health program.
- More than 25% of countries do not have access to basic psychiatric medication.
- 70% of the world's population has access to less than one psychiatrist per 100,000 people. (WHO, 2001)

Many people come to the United States to escape situations of war and torture, which may have left them traumatized and depressed. Others may experience socioeconomic hardship or other challenges of cultural adjustment which make them more vulnerable to depression. Often immigrants don't seek care because they are unaware of mental health care options, feel stigma around the issue of mental health, or feel they can't afford care.

Many communities in the United States provide sliding scale mental health services. These services may be found via county or municipal health departments or community service boards. Increasingly, services are being offered in languages other than English from government and other non-profit mental health care providers.

Major depression (sometimes called clinical or chronic depression) is believed to have a biological basis that can respond to triggers in life. Neurotransmitters in the brain are out of balance. The term major depression is used when a person has some of the following symptoms for more than 2 weeks and the symptoms don't get better. Possible symptoms:

- You are very sad. Maybe you cry all the time.
- Sleeping is a problem. Maybe you sleep too much, or maybe you sleep too little.
- Eating is difficult. Maybe you don't feel like eating, or maybe you eat all the time.
- Thinking, remembering and concentrating are difficult.
- Your physical energy is low, or you feel like you can't sit still.
- You don't like doing things that you always liked before.
- You have physical problems like headaches or stomachaches, but they don't get better from normal treatments.
- You think about dying or killing yourself.

Some other important things to know about depression:

- An episode of major depression can be triggered by a traumatic life event, or it can happen without a triggering event.
- If you have major depression, it does not mean you are "crazy." It may be important to clarify this in class.
- If other people in your family have major depression, there is a stronger chance that you can get it.
- Some people get depression from taking some kinds of medicine.
- Some people get it if they have certain physical illnesses.
- Sometimes women can get depression after they have a baby.

Suggested questions for prompting discussion while eliciting the story:

Go over the title, "Depressed," with students. Ask if anyone knows what depression means. Ask if they know what symptoms a person has if they are depressed. Ask what a person can do if they are depressed.

Preteach vocabulary as needed: **symptoms** (problems you have when you are not healthy, like sneezing and a runny nose for a cold), **treatment** (something to help you get

better, like medicine; you go to the doctor for treatment), **energy** (pantomime the difference between having energy and having no energy).

First frame: What do you see in the picture? What is the woman's name? What month is it in the picture? How is she? (busy) Why is she busy? What does she do? (You can emphasize that she is busy and happy in her life. She does many different things and she has friends and family in her life.)

Second frame: When is it now? How is the woman now? Is she very depressed, or just a little depressed? Do you know why she is sad? (Tell students that we don't know why she is sad. Sometimes people get depressed because something bad happened in their life. Sometimes people get depressed without something bad happening in their life.)

Third frame: Now what month is it? How is she in March? Is one month a long time to be sad, or a little time?

Fourth frame: When is it now? How does she feel now? Does she want to eat the food? Why not? (Explain that being sad for a long time and having no appetite are symptoms of depression.)

Fifth frame: When is it now? Where is she now? How is she feeling? (You might want to elicit words like very depressed, no energy, very tired. You can explain that having no energy and being tired all the time are symptoms of depression.) What's happening outside? (It's sunny. People are busy/playing/walking, etc.) What time do you think it is? Do you think she feels lonely? (Explain that feeling lonely and not wanting to do activities that you liked before are symptoms of depression.)

Sixth frame: Now what month is it? Where is she now? What is she doing? Who do you think she is calling? (Maybe a friend, family member, person from her church, counselor, or doctor.) Why do you think the woman waited until June to get help? (e.g., stigma, no information about help, thought she might get better on her own.)

With the sixth frame the opportunity arises to talk with students about cultural differences and options for treating depression in the United States. You can ask if there is treatment available for depression in their native countries.

- Do many people talk about depression in your native countries?
- Is it OK to talk about?
- What do depressed people do for help in your native country?
- Do many people talk about it in the United States? (You can point out that some people don't like to talk about it and others think it's ok. It is ok to talk about with social workers and doctors because they can help you get the treatment you need to get better. Medicine and counseling are very common for treating depression in the United States.)
- What do depressed people do for help in the United States?

- Where can you get help for depression in this community? (Before class, check local listings of mental health service providers. Possible sources of mental health help, or referrals for help, in your community: community service board, public health clinics, the local department of health and human services, doctors' offices.)

Reference:

World Health Organization (WHO). (2001). *Mental health policy project policy and service guidance package. Executive summary*. Geneva: WHO.

Resources:

National Alliance for the Mentally Ill website at <http://www.nami.org>. Click on "Education."

National Mental Health Association at <http://www.nmha.org>. Click on "Mental Health Information."

Picture Story Six: The Right Dose

View the picture story.

To print picture as a handout, use the pdf version of the file.



Health literacy issues:

- Understanding medication directions
- Avoiding medication mistakes
- Child and Adult dosages

The basic story:

One medicine label says that children should take 2 teaspoons of the medicine every 2 hours. A mother gives the medicine to her son. She confuses the teaspoon and tablespoon. She gives her son 2 tablespoons of the medicine at 7 AM. It is too much medicine. At 11:30 her son is very sleepy. The mother shouts, "WAKE UP!!!" She is worried.

Another medicine label has one dose for adults and one dose for children. A father reads the label wrong. At 7:00 AM, he gives his little daughter the adult dose by accident. He should give her 2 pills, but he gives her 4. At 12:00 PM his daughter is very sleepy. The father shouts, "WAKE UP!!!" He is worried.

Background information:

Medication errors are a big problem in the United States. It is important to understand all the information on the medicine label, and to ask your health care provider questions about medication for yourself and your children. If reading skills are limited, asking questions about medication directions is essential. Mistakes can include taking the wrong dose, taking the wrong medicine, or taking a medicine you are allergic to. Adult ESL learners often report to their teachers that they have difficulty understanding medication labels to decide the correct dose to take themselves or to give their children. People make medication mistakes in their homes and hospitals also make mistakes. An estimated 7,000 people die each year in the United States from medication errors.

Common suggestions for medication safety:

- Make sure you know the name of your medicine and what it does.
- Make sure your doctor knows all the medications you are taking, even vitamins.
- Make sure your doctor knows your allergies.
- Make sure you understand the doctor's instructions. Ask questions to the doctor or pharmacist. Examples:
 - What is this medicine?
 - What is it for?
 - How much do I take at one time?
 - How many times do I take it in one day?
 - How often do I take it?
 - Are there foods and drinks I should not have with this medication?
 - Can I drink alcohol with this medication?
 - Are there activities I cannot do when I am taking this medication?
 - What are side effects of the medication?
 - What should I do if I have side effects?
 - I'm taking (medication name) and (medication name). Is it ok to take the new medication with them?
 - If I forget to take it one time, what should I do?
 - If I take too much by accident, what should I do?
- If you cannot read your doctor's writing on a prescription, ask him or her to write it more clearly. It might be difficult for the pharmacist to read, also.

Suggested questions for prompting discussion while eliciting the story:

Go over the title, "The Right Dose." What does "dose" mean? (How much medicine to take at one time.) What does "the right dose" mean? (Taking the correct dose, not too much, not too little.)

Preteach vocabulary, as needed: **Dose** (How much medicine to take at one time.), **label** (the writing on the medicine that tells you the medicine's name and dose), **teaspoon** (the small sized spoon; bring in example), **tablespoon** (the large sized spoon; bring in example), **directions/instructions** (the words that say how much medicine and when to take the medicine), **adults** (older people, not children; like mother, father, etc.), **children** (young people, like babies, kids, etc.), **every** (as in every 4 hours; give examples), **too much** (make sure students understand that "too much" does not equal "a lot." Too much means you have a problem, like "Too much ice cream can make you sick.")

First frame: What do you see in the picture? What are the directions on the medicine label? What is the name of the little spoon? What is the name of the big spoon? What spoon do you use for this medicine?

Second frame: What do you see in the picture? What time is it? What spoon is the mother using for the child, a teaspoon or a tablespoon? Is that correct? What will happen to the child?

Third frame: What time is it now? What happened to the boy? (He fell asleep/He is sleepy, etc.) Why? (He had too much medicine.) What is the mother saying? How does she feel? (She feels nervous, worried, etc. You might want to clarify that if she cannot wake the boy up, she should call 911.)

Fourth frame: Now here is a different medicine. What are the directions for adults for the medicine? How many pills can an adult take at one time? (You might want to ask students some questions, like "If I take 4 pills at 6 pm, what time do I take the next 4 pills?, etc.") What are the directions for children? How many pills can a child take at one time? (Again, you might want to quiz students on what times they can take the pills.)

Fifth frame: What's happening in this picture? What time is it? How many pills is the father giving his daughter? (4, the adult dose) Is that correct? What will happen to the child?

Sixth frame: What time is it now? What happened to the girl? (She fell asleep/She is sleepy, etc.) Why? (She had too much medicine.) What is the father saying? How does he feel? (He feels nervous, worried, etc. You might want to explain that if he cannot wake the girl up, he should call 911.)

Resources:

Agency for Healthcare Research and Quality, "Your Medicine: Play it Safe." at <http://www.ahrq.gov/consumer/safemeds/safemeds.htm>.

American Pharmacists Association Web site at <http://www.pharmacyandyou.org/>. Click on "About your Medicine" for extensive information on medication safety.

Picture Story Seven: What Happened to My Body?

[View the picture story.](#)

To print picture as a handout, use the [pdf version](#) of the file.



Health literacy issues:

- Nutritional values of different foods and diets
- Nutritional and exercise awareness
- Need for stress management and self-care when changing lifestyle and adjusting to a new culture.
- Awareness of diseases for which poor nutrition increases risk, such as heart disease and diabetes

The basic story:

In his native country, the man was very active and ate fresh, nutritious food every day. When he came to the United States he got a job as a taxi driver. He didn't get much exercise. He ate a lot of fast food. For breakfast, he ate at McDonalds (note golden arches behind taxi cab in the second frame). For lunch he ate pizza. For dinner he ate food he could microwave quickly. After dinner he ate snacks of ice cream and potato chips while watching TV. After one year, he had gained a lot of weight. He couldn't breathe while going up some stairs. His body had changed a lot in one year! He was not healthy!

Background information:

Learners from different countries often report to their teachers that they have gained weight since they came to the United States, or that they have less energy. Often their diets in their native countries were lower in fat and sugar than the food they eat here, and their daily routine contained more physical activity. They may not have had much education in nutrition or preventive health practices in the past to help them make better food and exercise choices in their new home.

Being overweight increases health risks like type 2 diabetes (also known as adult onset diabetes) and heart disease (cardiovascular disease, high blood pressure, coronary heart disease). Risk for both diabetes and heart disease can usually be decreased with:

- weight loss
- change in diet
- stress reduction
- increased exercise

Some ethnic groups are at greater risk for diabetes and cardiovascular disease than others. Type 2 diabetes is especially common among certain ethnic groups, including Hispanics, some Asian and Pacific Islander groups, African Americans and Native Americans.

Symptoms of diabetes may include:

- frequent urination
- excessive thirst
- extreme hunger
- unusual weight loss
- increased fatigue
- irritability
- blurry vision

Complications from type 2 diabetes can include:

- heart disease
- high blood pressure
- blindness
- kidney failure
- foot or leg amputations due to circulatory or nerve damage

Treatment for type 2 diabetes generally involves changes to diet, regular exercise, and medication. Diet changes generally involve:

- controlling carbohydrates
- limiting fat intake (especially saturated fat)
- limiting calories

Suggested questions for prompting discussion while eliciting the story:

Go over the title, "What Happened to My Body?" Ask what students think it means. What will the story be about?

Pre-teach vocabulary as needed. Vocabulary might include: **nutrition/ nutritious** (knowing what food that is good for your body, like foods that don't have too much fat, sugar, and salt, or foods that have a lot of vitamins), **fresh** (new food, not old), **healthy** (good for your body), **fast food** (food that you can buy quickly, like McDonalds, Wendy's, KFC; many times it has a lot of fat, salt

and sugar.), **junk food** (food that is not nutritious, like chips, soda, and french fries; it has a lot of fat, salt, or sugar), **microwave** (a machine for cooking food fast), exercise (moving your body to make your body strong and healthy; e.g., running, swimming, walking, playing sports), **fat** (bring in examples of high fat foods like butter and oil, or pictures of cakes, ice cream, etc. Pantomime your stomach getting bigger as you are eating them) and **gain weight** or **get fat** (the latter might be easier for lower level learners to remember; pantomime for students to understand), and **breathe** (pantomime).

First frame: Where is the man? What is his name? What do you see in the picture? What do you think the man eats every day in his native country? Is the food good for him/ nutritious/ healthy? (You can draw attention, if necessary, to the fact that the food is fresh and nutritious.)

Second frame: Now where is the man? (Point out the arches if necessary.) What do you think he eats for breakfast in the U.S.A.? What is his job? Do you think he gets much exercise in his job?

Third frame: Now where is the man? What does he eat for lunch every day? What does he drink? Are pizza and soda nutritious?

Fourth frame: What does the man eat for dinner every day? Is it nutritious? (You can point out that some foods that you buy for microwaving are healthy, but others have a lot of fat and salt. It's important to look at what is in the foods. You can bring in boxes and talk about ingredients if your learners are up to it.)

Fifth frame: Now what is the man doing? What is he eating? (ice cream cone and chips.) Are ice cream and chips nutritious? Is he doing any exercise? (Only the finger on the remote exercise!). Does he get much exercise in the day?

Sixth frame: When is this picture? Is the man different? What is happening? What's the problem? Why is it difficult for the man to go up the stairs? What can the man do to be more healthy? (Your students will probably be able to come up with specific examples, but in general solutions include weight loss, change in diet [if your students are up to handling the details, this includes controlling carbohydrates, and reducing fat and calories in the diet], stress reduction, and increased exercise).

With the sixth frame the opportunity arises to talk with students about the health risks that increase with weight gain and inactivity and possible solutions.

- What are some health problems you can get if you don't exercise and you gain weight/get fat? (e.g. heart disease, diabetes)
- Do a lot of people have these problems? Are they a problem for people from your country?
- What kinds of foods do people eat in your native country?

- What kinds of foods do you eat in the United States? Do you eat healthy food in the United States?
- Did you get exercise in your country?
- Do you get exercise in the United States?
- What are different kinds of exercise? Do you need to go to the gym or play sports to get exercise? What other things can you do for exercise? (Point out that things like walking instead of driving or taking the bus and taking the stairs instead of the elevator can give you exercise. Exercise doesn't have to cost money or have special equipment. You can also get exercise playing with your kids.)
- Do you ever ask a doctor to check for diabetes or high blood pressure?

Resources::

American Diabetes Association Web site at <http://www.diabetes.org>. Information on types of diabetes, prevention, and management.

American Heart Association Web site at <http://www.americanheart.org>. Information on heart-related diseases, their prevention and treatment.

U.S. Food and Nutrition Information Center Web site at <http://www.nal.usda.gov/fnic/Fpyr/pyramid.html>. Has a variety of **Food Guide Pyramids** which print out clearly, including ethnic and culturally-based pyramids.

Picture Story Eight: Snack Attack

View the picture story.

To print picture as a handout, use the pdf version of the file.



Health literacy issues:

- Childhood obesity epidemic in the United States
- Health risks created by childhood obesity
- Health education and modeling by parents for their children on nutrition and exercise

The basic story:

In summer, the boy in the story is active and healthy. He plays soccer, basketball, and baseball, and goes swimming, so he has a lot of exercise. In September he does not exercise much. He eats snacks of chips and soda after school while he

sits in front of the T.V. In October, he eats ice cream while he sits at the computer. In November, he eats cookies while he watches T.V. He weighs a little more. In December, he eats French fries while he sits at the computer again. He has gained a lot of weight. He is not healthy anymore like in the summer.

Background information:

Childhood obesity is considered to be a major health problem in the United States today. The rate of childhood obesity in this country is believed to have tripled in the past 15 years. There is debate over the causes. Too much TV, Nintendo, and computer time? Working parents not around to monitor kids' eating and activity level after school? Too much access to junk and fast food? However, the basic facts that many children are not getting enough physical activity and they are eating too much fat and sugar to be healthy are widely accepted. More children are showing signs of high blood pressure and type 2 diabetes (also called *adult onset* diabetes), conditions that usually show up much later in life. (For more information on heart disease and diabetes, see **Background Information** for the story "What Happened to My Body?")

Suggested questions for prompting discussion while eliciting the story:

Go over the title, "Snack Attack." What is a snack? (eating food between meals.) What does "attack" mean? (something hurts you or hits you strongly.) Ask what students think the title means.

Pre-teach vocabulary as needed. Vocabulary might include: **nutrition/nutritious** (knowing what food that is good for your body, like foods that don't have too much fat, sugar, and salt, or foods that have a lot of vitamins), **healthy** (good for your body), **fast food** (food that you can buy quickly, like McDonalds, Wendy's, KFC; many times it has a lot of fat, salt and sugar.), **junk food** (food that is not nutritious, like chips, soda, and french fries; it has a lot of fat, salt, or sugar), **exercise** (moving your body to make your body strong and healthy; e.g., running, swimming, walking, playing sports), **fat** (bring in examples of high fat foods like butter and oil, or pictures of cakes, ice cream, etc. Pantomime your stomach getting bigger as you are eating them) and **gain weight** or **get fat** (the latter might be easier for lower level learners to remember; pantomime for students to understand).

First frame: What is the boy's name? When is it? What does the boy do in summer? How is the boy? Is he healthy?

Second frame: Now when is it? What is the boy doing? What is he eating? Are chips and soda healthy (or nutritious)?

Third frame: Now when is it? What is he doing? (He's using the computer.) What is he eating? (An ice cream cone.) Is an ice cream cone healthy (or nutritious)?

Fourth frame,: Now when is it? What is he doing? What is he eating? (Cookies.) Are cookies healthy (or nutritious)?

Fifth frame: Now when is it? What is he doing? (He's using the computer.) What is he eating? (French fries.) Are French fries healthy (or nutritious)?

Sixth frame: *With the sixth frame arises the opportunity to talk about health problems related with being overweight, and possible solutions for the child and his parents.* What happened to the boy? (He gained weight/got fat.). Is he very healthy now? (No.) What can he do to be more healthy? (Exercise more, eat healthy foods, not junk food or fast food.) What can his parents do to help him?

See what suggestions for parents your students can come up with. Here are some ideas:

- Teach children about eating healthy foods. Teach them to be careful about fat, sugar, and salt.
- Talk about being healthy, not about how your child's body looks.
- Provide healthy food choices for children to eat. Reduce the amount of fast food, junk food and soda kids get.
- Show children what a healthy serving size is. Don't supersize! Give smaller servings.
- Don't give food as a prize or reward ("If you are good, I will get you an ice cream.").
- Give kids time limits for TV, Nintendo and computer use.
- Model healthy behaviors for children. If parents try to teach kids healthy eating and exercise habits, but don't do what they teach, the kids won't either. Parents have to show good examples to kids.
- Try to make opportunities to get exercise with your children by going to a park, playing a sport together, etc.
- Help your children find an afterschool activity to sign up for which will give them regular exercise. The American Heart Association says that children should get at least 30 minutes of moderate physical activity every day.
- Help children talk about things that give them stress so they don't turn to food or zoning out in front of the TV or computer to relieve stress.

The following questions can help generate discussion on the longer term risks of obesity for children:

- What are some health problems you can get if you don't exercise and you gain weight/get fat? (e.g., heart disease, diabetes)
- Do a lot of children have these problems? (Not a lot, but many more have them now than 10 or 15 years ago. In the past we called these adult health problems.)
- If a child gets these problems, how will their health be in 20 years? What do you think? How can we help make the problem better?

Resources:

American Diabetes Association Web site at <http://www.diabetes.org>. Information on types of diabetes, prevention, and management.

American Heart Association Web site at <http://www.americanheart.org>. Information on heart-related diseases, their prevention and treatment.

KidsHealth Web site at <http://kidshealth.org/>. Has 3 sections, one for parents about their kids, one for teens, and one for younger kids. Each section has articles with important nutrition and fitness information for that group to know.

U.S. Food and Nutrition Information Center Web site at <http://www.nal.usda.gov/fnic/Fpyr/pyramid.html>. Has a variety of Food Guide Pyramids which print out clearly, including ethnic and culturally-based pyramids and a pyramid for young children.

Picture Story 1: Emergency



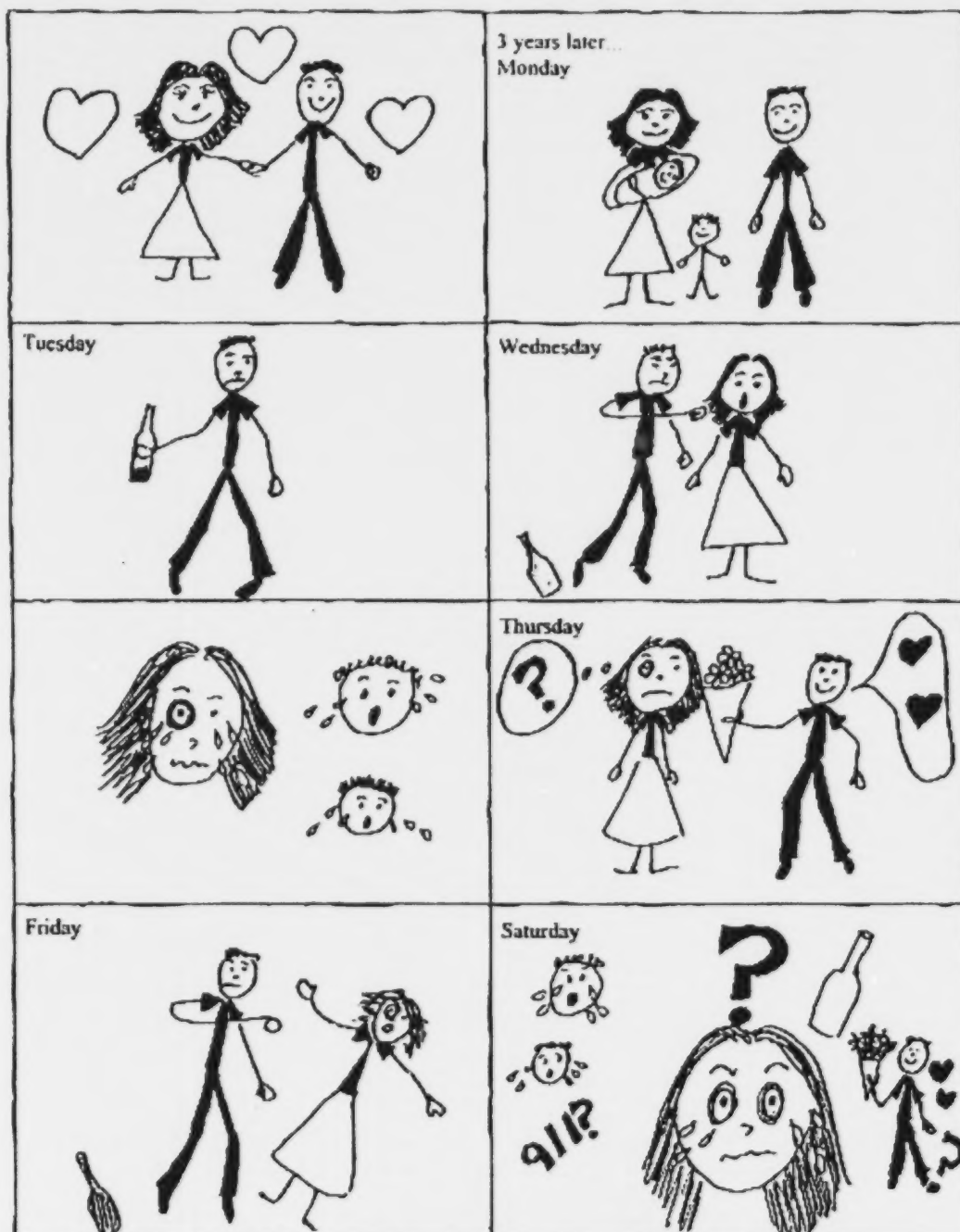
Picture Story 2: A Doctor's Appointment



Picture Story 3: Stressed Out!



Picture Story 4: What Should We Do?

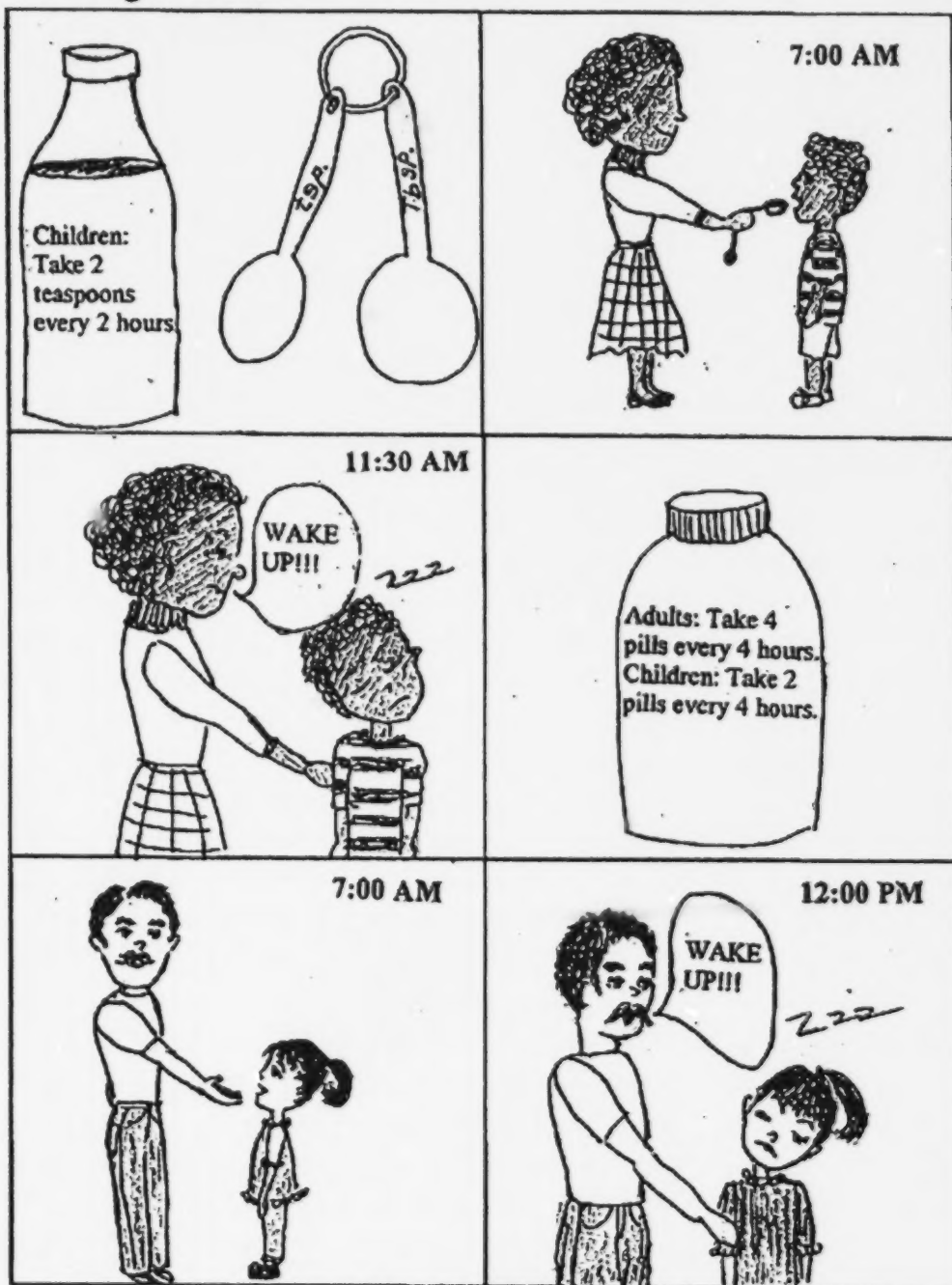


Depressed



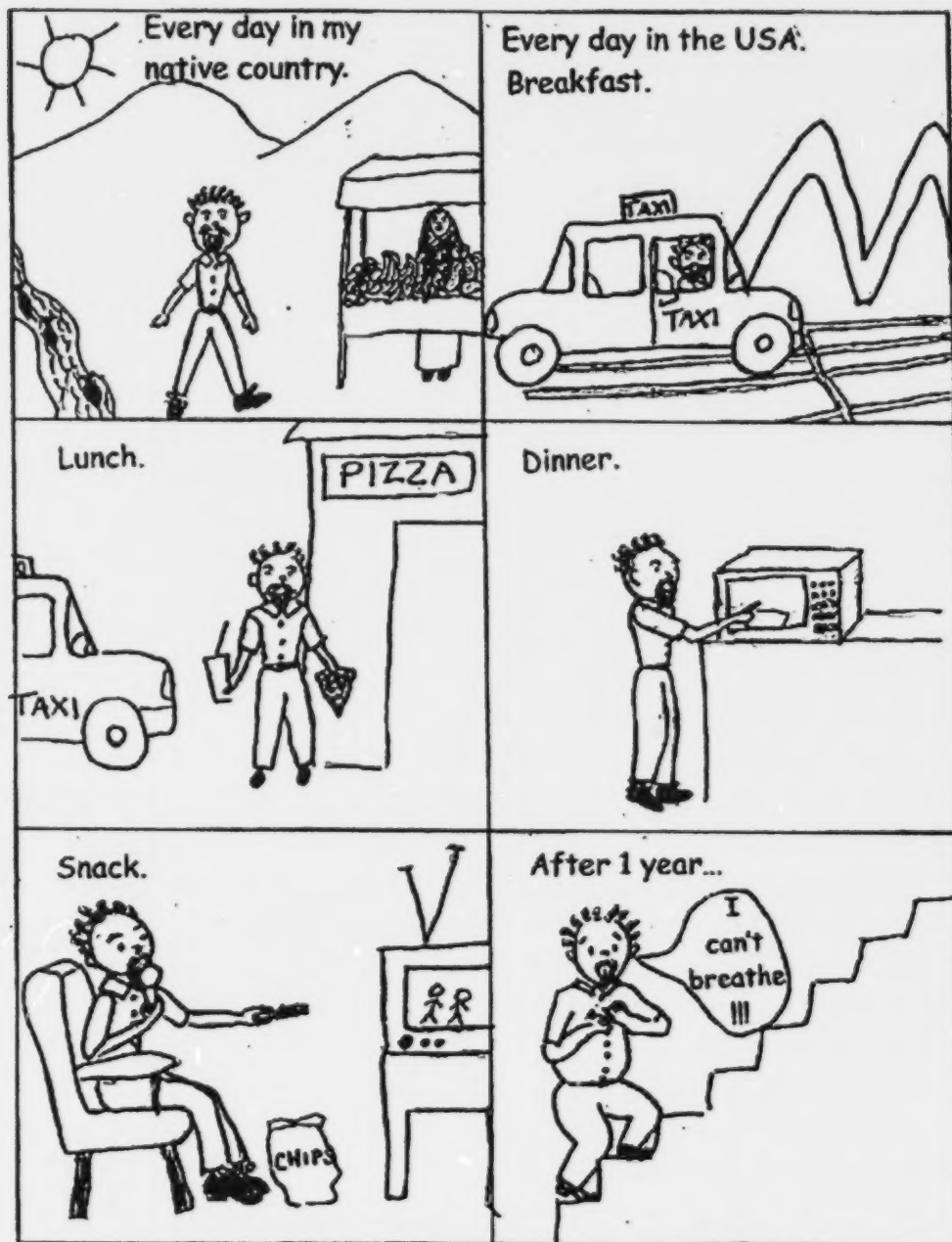
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The Right Dose



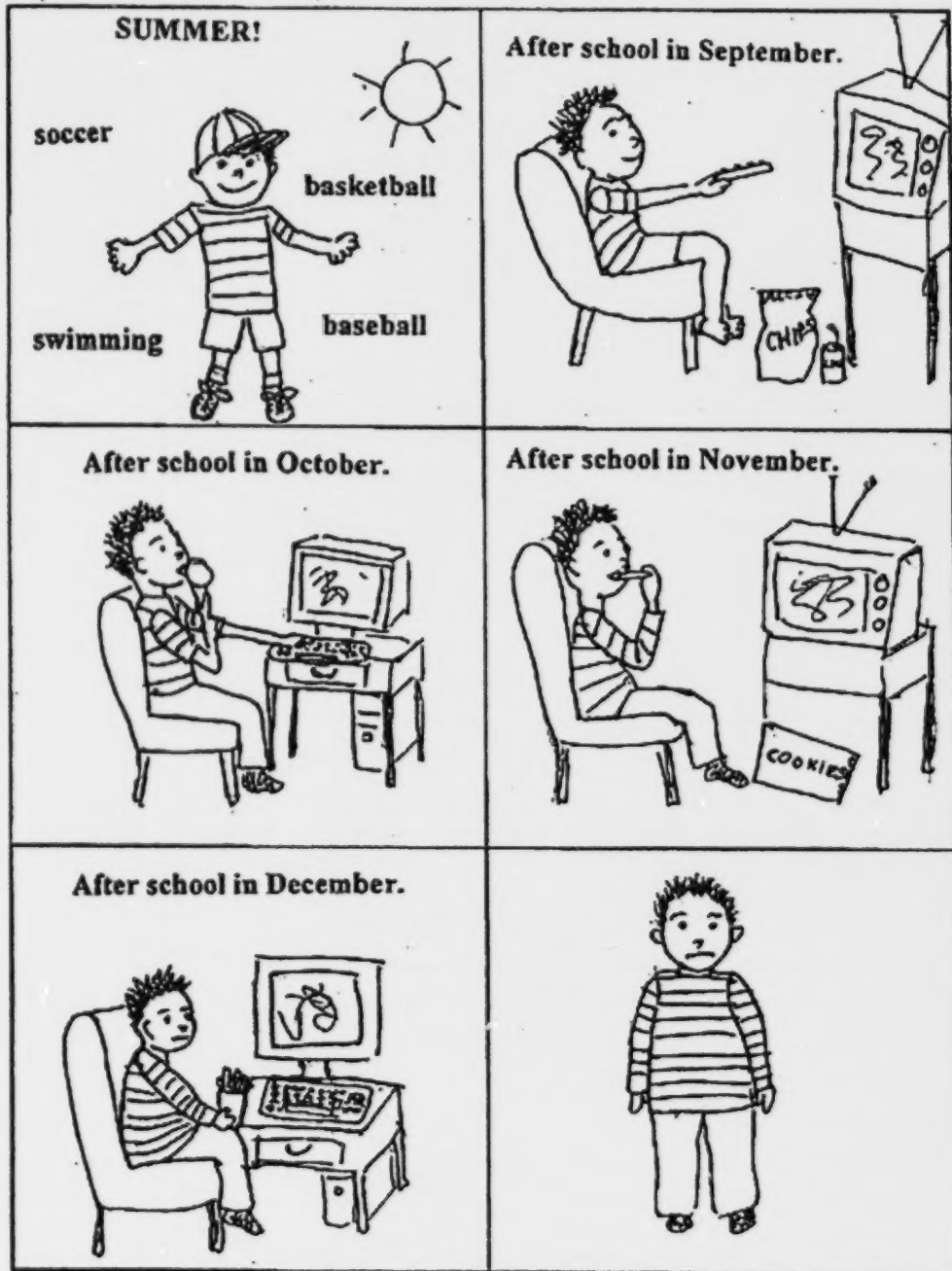
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What Happened to My Body?



Copyright 2003 Kate Singleton and Betsy Lindeman Wang

Snack Attack



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Appendix D: Publishers' and Distributors' Information

The following information pertains to publishers and distributors of health education resources mentioned in Section C of the Health Literacy Toolkit.

Association of Farmworker Opportunity Programs - Publications
4350 North Fairfax Drive, Suite 410
Arlington, VA 22203
Tel: (703) 528-4141
Fax: (703) 528-4145
www.afop.org

American Guidance Service
4201 Woodland Rd.
Circle Pines, MN 55014-1796
Phone 800-328-2560
Fax 800-471-8457
www.agsnet.com
Search for Thats Life (no apostrophe).

Channing Bete Company
200 State Road
Deerfield, MA 01373
www.channing-bete.com
(800)-628-7733

Globe Fearon
Customer service: 1-800-526-9907
Website:
http://www.pearsonlearning.com/globefearon/globefearon_default.cfm
Click on Reading & Literature and then pick WorkTales from the list.

Grass Roots Press
P.O. Box 52192
Edmonton, Alberta
Canada T6G 2T5
Toll Free: 1-888-303-3213
Phone: (780) 413-6491, Fax: (780) 413-6582
E-mail: grassrt@interbaun.com
www.literacyservices.com

Institute for Healthcare Advancement
15111 East Whittier Blvd., Suite 460
Whittier, CA 90603
www.iha4health.org
E-mail books@iha4health.org
(800)434-4633

New Readers Press
P.O. Box 35888
Syracuse, NY 13235-5888
www.newreaderspress.com
1-800-448-8878

Peppercorn Books and Press
P.O. Box 693
Snow Camp, NC 27349
www.peppercornbooks.com
(336)574-1634

Walch Publishers
321 Valley Street
PO Box 658
Portland, ME 04104
www.walch.com
(800-558-2846)

Appendix E: K-12 Standards for Health Education

The following are standards for K-12 health education. While the health literacy needs of adult learners and the teaching situations in adult education are markedly different, these standards can guide us as we generate our own health curricula and norms.

NATIONAL STANDARDS FOR HEALTH EDUCATION

To assist schools in developing and evaluating comprehensive health education programs, the Joint Committee for National School Health Education Standards (1995) has developed guidelines for school health standards. The committee was made up of representatives from the Association for the Advancement of Health Education, the American Public Health Association, the American School Health Association, and the Society of State Directors of Health, Physical Education and Recreation and was sponsored by the American Cancer Society.

The committee's goal was to emphasize the need for school health education and create a framework for local school boards to use in determining content of the health curriculum in their communities. There are seven broad standards that promote health literacy, which is the capacity of individuals to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which enhance health (Joint Committee, 1995, p. 5). For each standard there are performance indicators to help educators determine the knowledge and skills that students should possess by the end of grades 4, 8, and 11.

*Standard 1: Students will comprehend concepts related to health promotion and disease prevention. Performance indicators for this standard center around identifying what good health is, recognizing health problems, and ways in which lifestyle, the environment, and public policies can promote health.

*Standard 2: Students will demonstrate the ability to access valid health information and health-promoting products and services. Performance indicators focus on identification of valid health information, products, and services including advertisements, health insurance and treatment options, and food labels.

*Standard 3: Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks. Performance indicators include identifying

responsible and harmful behaviors, developing health-enhancing strategies, and managing stress.

*Standard 4: Students will analyze the influence of culture, media, technology, and other factors on health. Performance indicators are related to describing and analyzing how one's cultural background, messages from the media, technology, and one's friends influence health.

*Standard 5: Students will demonstrate the ability to use interpersonal communication skills to enhance health. Performance indicators relate to interpersonal communication, refusal and negotiation skills, and conflict resolution.

*Standard 6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health. Performance indicators focus on setting reasonable and attainable goals and developing positive decision-making skills.

*Standard 7: Students will demonstrate the ability to advocate for personal, family, and community health. Performance indicators relate to identifying community resources, accurately communicating health information and ideas, and working cooperatively to promote health.

Reprinted from

Summerfield, L. M. (1995). *National Standards for School Health Education*. ERIC Digest. Washington, D.C.: ERIC Clearinghouse on Teaching and Teacher Education. (EDRS No. ED387483)

Appendix F: GED as Project Sample Lesson Plans
By Lori Baker, Fairfax County Adult and Community Education

What is a healthy diet? Day 1

There is a lot of information in this 2-day (2 hour) inquiry activity, and also a lot of different activities and handouts. They can all work together, or you can pick and choose those from which you think your learners will get the most.

Identifying the problem: What is a "healthy diet"?

Preview of whole lesson: reading comprehension, math (ratio and proportion, percentages, addition/subtraction/multiplication/division)

Becoming familiar with the problem:

Pre-reading questions for discussion: Do you think you eat a healthy diet? What are some things you think of when you hear people talk about a healthy diet? Where do you get info about what is healthy and what is not? (Elicit as many sources as possible.) Can you believe them all? Do they all say the same thing?

Take out a blank piece of paper – no one will see this but you, so you can be completely honest:

1. List the things you usually eat for breakfast. Include drinks.
2. Now for lunch. Include drinks.
3. Now for dinner. Include drinks.
4. Now for snacks during the day or at night, plus what you drink whenever you get thirsty.

(As students do this, allow them to chat among themselves and offer comments.)

Look at what you have written. Do you think you eat a healthy diet?
Why/Why not?

How do we know what a healthy diet is? Where can you get information to explain what is healthy?

Planning, assigning and performing tasks. Reading: Food Guide Pyramid.
(with some reflection/extension built in)

Handout A – Food Guide Pyramid – picture only.

Look at the picture – don't read the text yet. What does it say? What does the picture tell you? (See what students know, then explain the pyramid more as needed.)

Where did this information in the Pyramid come from? Can you believe it?

Large group discussion:

Say you wanted to follow this guide. Would it be easy or hard? What are some questions you need to ask to be able to follow it? Does anything seem strange/hard to do?

Handout B – explanation of Food Guide Pyramid.

Go over reading strategies: scan (what stood out?), read silently (don't worry about new vocab yet).

Instructor reads aloud and students follow along. Vocab: what else do you still need to know? How can you find out what the words mean?

Does this article explain the pyramid any better? What is the purpose for the pyramid? How are you supposed to use it?

Handouts C and D – chart of serving size examples.

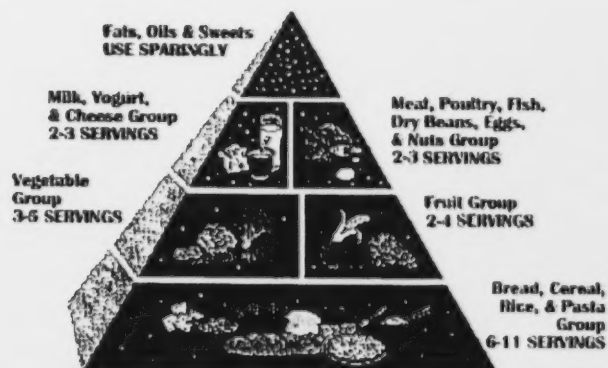
Allow time to read and comment. Ask: What does this chart tell you? (serving size)

Reflecting, extending, evaluating:

What is one thing you have learned today? How can you use it?
(Students answer in writing or have small or large group discussion.)

Handout: The Food Guide Pyramid

A Guide to Daily Food Choices



Source:

United States Department of Agriculture/Agricultural Research Service. (n.d.). Food and Nutrition Information Center website. Available:

<http://www.nal.usda.gov:801/py/pmap.htm>

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Handout B: Explanation of the Food Guide Pyramid

The Food Guide Pyramid is an outline of what to eat each day based on the Dietary Guidelines . It's not a rigid prescription but a general guide that lets you choose a healthful diet that's right for you.

The Pyramid calls for eating a variety of foods to get the nutrients you need and at the same time the right amount of calories to maintain healthy weight.

Use the Pyramid to help you eat better every day...the Dietary Guidelines way. Start with plenty of breads, cereals, rice, pasta, vegetables, and fruits. Add 2-3 servings from the milk group and 2-3 servings from the meat group. Remember to go easy on fats, oils, and sweets, the foods in the small tip of the Pyramid.

Source:

United States Department of Agriculture/Agricultural Research Service. (n.d.). Food and Nutrition Information Center website. Available:
<http://www.nal.usda.gov:801/py/pmap.htm>

Handout C: What Counts as One Serving?

The amount of food that counts as one serving is listed below. If you eat a larger portion, count it as more than 1 serving. For example, a dinner portion of spaghetti would count as 2 or 3 servings of pasta.

Be sure to eat at least the lowest number of servings from the five major food groups listed below. You need them for the vitamins, minerals, carbohydrates, and protein they provide. Just try to pick the lowest fat choices from the food groups. No specific serving size is given for the fats, oils, and sweets group because the message is USE SPARINGLY.

Source:

United States Department of Agriculture/Agricultural Research Service. (n.d.). Food and Nutrition Information Center website. Available:
<http://www.nal.usda.gov:801/py/pmap.htm>

Handout D: Chart of Serving Size Examples

Milk, Yogurt, and Cheese		
1 cup of milk or yogurt	1 1/2 ounces of natural cheese	2 ounces of process cheese
Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts		
2-3 ounces of cooked lean meat, poultry, or fish	1/2 cup of cooked dry beans, 1 egg, or 2 tablespoons of peanut butter count as 1 ounce of lean meat	
Vegetable		
1 cup of raw leafy vegetables	1/2 cup of other vegetables, cooked or chopped raw	3/4 cup of vegetable juice
Fruit		
1 medium apple, banana, orange	1/2 cup of chopped, cooked, or canned fruit	3/4 cup of fruit juice
Bread, Cereal, Rice, and Pasta		
1 slice of bread	1 ounce of ready-to-eat cereal	1/2 cup of cooked cereal, rice, or pasta

Source:

United States Department of Agriculture/Agricultural Research Service. (n.d.). Food and Nutrition Information Center website. Available: <http://www.nal.usda.gov:801/py/pmap.htm>

What is a healthy diet? Day 2

Problem from Day 1: What is a healthy diet?

Becoming familiar with the problem: Review from last class.

Planning, assigning and performing tasks, cont'd.

Part 1: The Food Pyramid Guidelines

Handout 2A - 2-page explanation of guidelines.

Look it over quickly (scan). What do you think this is going to tell you? (more examples, and suggestions)

Now, go back and read the explanation of the guidelines. (also, might break up the reading task) I read aloud, they follow.

What caught your attention?

What questions come to mind for you?

Refer to **Handout 2B** for information on serving sizes.

(If no one can answer the questions, good opportunity for more research for all, including teacher!)

Look at your list of what you eat, and compare it to what the guidelines say. How are you doing in comparison to the guidelines?

Handout 2C on guidelines and labels.

According to the information you have here, is there anything you would change about the way you are eating now? Use the handout to make a list. Share with your group, if you like!

Part 2: Nutritional labels

Pre-reading: How do you know what you are eating? (nutritional labels – other sources?)

What kind of information is on nutritional labels? Do you read them? What information do you read them for? What do the numbers mean?

Handout 2D – containers of foods with labels, and/or charts with values (e.g., Wendy's).

Give students a few moments to look. Ask questions such as: What kind of information is on these nutritional labels? What do the numbers mean? Take the explanations one by one, and have them explain when possible.

Discussion on calories, and how many calories per day per person – discuss differences between people depending on activity, health, etc. E.g., if I sit at a desk all day, do I need the same amount of calories that a construction worker does? Why or why not?

Is 2,000 a day a little, or a lot? How easy do you think it is to eat 2,000 calories a day?

Refer to Daily Percent chart on **Handout 2C**, talk about it.

Small group activity: interpreting nutritional labels.

Handout 2C – part 2.

In small groups, solve the 3 problems on handout.

Sharing with Others:

Share information on the solutions to the three problems, and why/how you arrived at those solutions.

Reflecting, extending, evaluating:

Based on what you've done today, what have you learned about healthy eating? About your own eating habits? (large or small group discussion, or written)

Handout 2A: Fats, Oils, & Sweets

Use Sparingly

- Go easy on fats and sugars added to foods in cooking or at the table--butter, margarine, gravy, salad dressing, sugar, and jelly.
- Choose fewer foods that are high in sugars--candy, sweet desserts, and soft drinks.
- The most effective way to moderate the amount of fat and added sugars in your diet is to cut down on "extras" (foods in this group). Also choose lower fat and lower sugar foods from the other five food groups often.

Milk, Yogurt, & Cheese

2-3 Servings

- Choose skim milk and nonfat yogurt often. They are lowest in fat.
- 1 1/2 to 2 ounces of cheese and 8 ounces of yogurt count as a serving from this group because they supply the same amount of calcium as 1 cup of milk.
- Choose "part skim" or lowfat cheeses when available and lower fat milk desserts, like ice milk or frozen yogurt. Read labels.

Meat, Poultry, Fish

2-3 Servings

- Choose lean meat, poultry without skin, fish, and dry beans and peas often. they are the choices lowest in fat.
- Prepare meats in lowfat ways:
 - Trim away all the fat you can see.
 - Remove skin from poultry.
 - Broil, roast, or boil these foods instead of frying them.
- Nuts and seeds are high in fat, so eat them in moderation.

Vegetable Group

3-5 Servings

- Different types of vegetables provide different nutrients. Eat a variety.
- Include dark-green leafy vegetables and legumes several times a week--they are especially good sources of vitamins and minerals. Legumes also provide protein and can be used in place of meat.
- Go easy on the fat you add to vegetables at the table or during cooking. Added spreads or toppings, such as butter, mayonnaise, and salad dressing, count as fat.

Fruit Group

2-4 Servings

- Choose fresh fruits, fruit juices, and frozen, canned, or dried fruit. Go easy on fruits canned or frozen in heavy syrups and sweetened fruit juices.
- Eat whole fruits often--they are higher in fiber than fruit juices.
- Count only 100 percent fruit juice as fruit. Punches, ades, and most fruit "drinks" contain only a little juice and lots of added sugars.

Bread, Cereal, Rice, & Pasta Group

6-11 Servings

- To get the fiber you need, choose several servings a day of foods made from whole grains.
- Choose most often foods that are made with little fat or sugars, like bread, English muffins, rice, and pasta.
- Go easy on the fat and sugars you add as spreads, seasonings, or toppings.
- When preparing pasta, stuffing, and sauce from packaged mixes, use only half the butter or margarine suggested; if milk or cream is called for, use low fat milk.

Source:

United States Department of Agriculture/Agricultural Research Service. (n.d.). Food and Nutrition Information Center website. Available:
<http://www.nal.usda.gov:801/py/pmap.htm>

Handout 2B: Food Portions - The Comparison Method

Healthy eating plans typically call for so many servings of fruits, vegetables, meats and more. But exactly how much is a serving of broccoli or a serving of cheese? According to the American Diabetic Association, most Americans overestimate how much food makes up a serving size. Estimating serving sizes is easier than you might think. All you have to do is find a convenient reference—and stick with it. One way to determine how much you're eating is to compare a serving size with a familiar object. Here are some common comparisons:

Milk, Cheese and Yogurt Group	
1 ounce chunk of cheese	a pair of dice, as thick as two dominoes, length of thumb from tip to base
1 ounce slice of cheese	size of a computer disk
1 cup milk or yogurt	a woman's fist or tennis ball
Meat, Poultry, Fish, Dry Beans, Eggs and Nuts Group	
3 ounces of cooked meat	a deck of cards, a cassette tape, size of woman's palm (without fingers)
1 tablespoon peanut butter	a walnut
1 – 2 ounces nuts	cupped hand (woman's)
1 serving nuts	handful (woman's)
Vegetable Group	
1 cup mashed potatoes	an ice cream scoop
1 medium potato	a computer mouse
1 cup broccoli	a light bulb
1 cup potatoes or chopped fresh vegetables	a woman's fist or tennis ball
Fruit Group	
1 serving fruit	a baseball (not a softball)
1 medium apple	a tennis ball
1 cup serving of grapes	a light bulb
1 cup fruit	a woman's fist or tennis ball
Bread, Cereal, Rice and Pasta Group	
1 serving pasta	a hockey puck
1 cup rice or pasta	a woman's fist or tennis ball
1 cup breakfast cereal	goes half way up the side of a standard cereal bowl
1 serving bread	a cassette tape
1 ounce roll	half the size of a fist
1 serving most snack foods	two handfuls (woman's)

Some general measurements:

- 1 inch = 1st to 2nd joint of index finger
- 1 teaspoon = fingertip (tip to 1st joint)
- 1 tablespoon = thumb tip (tip to 1st joint)
- 2 tablespoons = ping pong ball
- 1 cup = volume of tennis ball, 1 handful (woman's)
- 1 cup = 2 hands together, woman's fist, light bulb

Handout 2C: What Is A Healthy Diet?

Part 1:

Look at your list of what you eat, and compare it to what the guidelines say. According to the information you have, is there anything you would change about the way you are eating now? Make a list here.

1. _____

2. _____

3. _____

Part 2:

Percent Daily Values are based on a 2,000-calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories: 2,000	2,500
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Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrates		300g	375g
Fiber		25g	30g
Protein		50g	65g

Based on the information you have here, solve these nutritional problems!

1. Kathy's doctor says she needs to reduce her sodium intake. What foods does she need to avoid?
2. Manuel's doctor suggests that he needs to eat more fiber. What foods would be good for him to eat?
3. Lori needs to lose weight, and she also needs to watch her sodium intake.

She did not have time for breakfast this morning, and she wants to go to Wendy's for lunch. Decide what would be better for her: a Classic Single with Everything and an order of medium fries, OR a Chicken BLT sandwich. Why?

Handout 2D: Nutritional Information from Wendy's (from www.wendys.com, 4-22-03):

Classic Single with Everything – serving size 1. Calories: 410

Calories from Fat	170
Total Fat	19g
Saturated Fat	7g
Cholesterol	70mg
Sodium	890mg
Total Carbohydrates	37g
Fiber	2g
Protein	24g

Medium French Fries – one order. Calories: 390

Calories from Fat	150
Total Fat	17g
Saturated Fat	3g
Cholesterol	0mg
Sodium	340mg
Total Carbohydrates	56g
Fiber	6g
Protein	4g

Chicken BLT Salad (Iceberg, romaine, spring salad mix, cucumbers, grape tomatoes, cheddar cheese, bacon pieces, diced chicken – with homestyle garlic croutons and one packet of honey mustard dressing) – **one order. Calories: 690**

Calories from Fat	435
Total Fat	47.5g
Saturated Fat	12.5g
Cholesterol	85mg
Sodium	1,630mg
Total Carbohydrates	31g
Fiber	4g
Protein	35g

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